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SEP 17 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kung Dom Floorid Name of Limited Liability Com	va LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Marcelo B Name of Pe	o2550 Jy
- KINGDOM FI	COYING LLC
2838 VIlla Freyte Address)t #108
01/ando FL 327	135 (in Code
KINGDOM FloorIN E-mail address: (to be used for futu	va 2@ ama 1. com responde report Hotelication)
For further information concerning this matter, please call:	
marcelo Basso Jy at 40 Name of Person	7 (Ode) 579.2613 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$\$\$\$\$\$\$S55.00 Filed Certificate of Status}\$\$ Certified (additional)	-

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	Liability Company as it Florida Limited Liability	now appears on our re Company)	cards.)		
The Articles of Organization for this Limited Liabs	ility Company were ti	iled on <u> </u>	-19	and assi	gned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability co	mpany here:			
The new name must be distinguishable and contain the word	s "Limited Liability Com	pany," the designation "	1.1.C" or the abbres	iation "E.L.	.C."
Enter new principal offices address, if applicable	e:			₹ <u>.</u>	7019
(Principal office address MUST BE A STREET A	ADDRESS)				Si -
				≘: 	م ا
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>			<u></u>	 _
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our rec	ords, <u>enter the</u>	name o	f the ne
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street ac	ldress		
-	Cit		, Florida	Lip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Samella DellePrave	2838 VillafuerTe PT	_ ⊠ ∧dd
		#108 0x12 NOCFL 32835	Remove
			Change
			
			□ Remove
			Change
			D Add
			□ Remove
			Change
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			_□ Remove
			_□ Change

Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60? Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be list document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier). The 90th day after the record is filed.	-
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	er of:
Dated <u>08 80</u> . <u>19</u> .	
Sparature 61 a member or authorized representative of a member	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00