L19000107846

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
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(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO: Registration So Division of Cor					
Kingdom V	Vellness LLC				
SUBJECT:	Name of Lim	ated Liability Company			
The enclosed Articles of	Amendment and feets) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Courtney Renea King				
		Name of Person			
	Kingdom Wellness LLC				
		Firm Company			
	4856 Harris Avenue				
		Address			
	Sasiasota, FL 34233				
		City/State and Zip Code			
	kingdomwellsrq@gmail.com	າາ			
	h-mail address: (to be used for future annual report no	ofification)		
For further information c	concerning this matter, please e	all:			
Courmey King		941 3764217			
Name e	of Person	at () Area Code ——Dayti	me Telephone Number		
Enclosed is a check for the	he following amount:				
Li \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	LI \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	U \$60.00 Filing Fee, Certificate of Status & Certified Cupy radditional copy is enclosed)		
Mailing Addres		Street Address:			
Registration !		Registration Section			
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			
Tallahassee,			Tatlanassee roe Street, Suite 810		
		= 112 (1, 240)	ve oneer ouncern		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

	m 7 C	57 17 Pli 1:52
Kingdom Wellness LLC		
(Name of the Limiter	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on April 1	9th, 2019 and assigned
Florida document number L19000107846		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabiluy Company," the design	nation "LLC" or the abbreviation "L.L.C."
-		
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(ON)	
B. If amending the registered agent and/or reagent and/or the new registered office address		rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street address
	Спу	, Florida - Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member		2521 SSP 17 PH 1: 52 Type of Action				
<u>Title</u>	Name	Address Type of Action				
MGR	Isaac C King	4856 Harris Avenue, Sarasota, FB 34233				
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ective date, if other than the objective date is listed, the date must let. If the date inserted in this bloument's effective date on the De	be specific and cannot	ot be prior to date he applicable st		than 90 days a		
cord specifies a delayed effective s filed.	date, but not an ef	Tective time, at	12:01 a.m. on	the earlier of	î (b) - The 90th day aft	er t
September 14 Court	20:	21				

Filing Fee: \$25.00