L19000156530

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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09/03/19--01036--017 **25.00

2019 SEP -3 PM 3: 20

C. GOLDEN SEP 1 2 2019

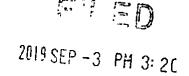
COVER LETTER

	istration Section of Corp			
CHRIFCT.	KING OF KI	INGS INSURANCE LLC		
SUBJECT.		Name of Limit	ed Liability Company	
		mendment and fee(s) are subn		
		MICHAEL MCSUNAS		
			Name of Person	
		KING OF KINGS INSURA	ANCE LLC	
		-	Firm/Company	
		1762 MEADOW OAK LN		
			Address	
		TARPON SPGS, FL 34689)	
			City/State and Zip Code	
		E-mail address: (to be used for future annual repor	t notification)
For further i	nformation co	oncerning this matter, please ca	all:	
MICHAEL	MCSUNAS		727 643-71 at ()	
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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



KING OF KINGS INSURANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	Company were filed on 06/13/201	and assigned
Florida document number L19000156530	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida stre	et address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	City	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL MCSUNAS	1762 MEADOW OAK LN	
	TARPON SPGS, FL 34689	☐ Remove	
			■ Change
		☐ Remove	
		Change	
		□ Remove	
		Change	
		□ Add	
		☐ Remove	
		Change	
	.	□ Add	
		☐ Remove	
		Change	
		<u></u>	Remove
			Change

,	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	8/30, 2019.
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00