# L19000183347

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

	tration Section of Corp			
SUBJECT.	SONS & D	AUGHTERS OF AFRICAN	KINGS LLC	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed z	Articles of a	AUGHTERS OF AFRICAN KINGS LLC  Name of Limited Liability Company  mendment and fec(s) are submitted for filing.  dence concerning this matter to the following:  David N. Jackson  Name of Person  B-United Tax Services LLC  Firm-Company  6465 Central Avenue  Address  St. Petersburg, FL 33710  City/State and Zip Code  bunitedtaxsvc@gmail.com  E-mail address: (to be used for future annual report notification)  neerning this matter, please call:  1727  Area Code  Daytime Telephone Number  following amount:    \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  Street Address:		
Please return a	ll correspoi	ndence concerning this matter	to the following:	
		David N. Jackson		
			Name of Person	
		B-United Tax Services L	LC	
			Firm/Company	
		6465 Central Avenue		
			Address	· <u>· · ·</u>
		St. Petersburg, FL 3371	0	
			City/State and Zip Code	
		= =		
		E-mail address: (	to be used for future annual report not	ilication)
For further infe	ormation co	oncerning this matter, please ca	all:	
Brittany Rich	ardson			
	Name of	Person	Area Code Daytin	ie Telephone Number
Enclosed is a c	heck for th	e following amount:		
<b>■ \$25.00</b> Fil	ing Fee		Certified Copy	Certificate of Status & Certified Copy
	ng Address stration S			ation
		orporations	Registration Se Division of Cor	
	Box 632	•	The Centre of T	•
Talla	ihassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SONS & DAUGHTERS OF AFRICAN KINGS LLC

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

(A Florida Limited Liability Company)

	(A Florida Limited Li	iability Company)		王	 		
The Articles of Organization for this Limited I Florida document number L19000183347	2019	Land-assigned	ب				
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liabil	lity company here:					
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the design	ation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if appli	cable:		. <u></u>				
(Principal office address MUST BE A STREE	ET ADDRESS)		41.				
Enter new mailing address, if applicable:		1510 16TH ST SOUTH					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BOX)	St. Petersburg, FL	33712				
B. If amending the registered agent and/or	registered office a	ddress on our recor	ds, <u>enter the nam</u>	e of the new register	<u>ed</u>		
agent and/or the new registered office addre	ess nere:						
Name of New Registered Agent:	David N. Jacks	on		<u> </u>			
New Registered Office Address:	1510 16TH ST	SOUTH					
	Enter Florida street address						
	St. Petersburg		, Florida <sup>33'</sup>	712			
		Ciţy		Zip Code			

#### New Registered Agent's Signature, if changing Registered 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Registere	Darryl Madison	5553 WEST WATERS AVENUE, Tampa, FL 336	
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listed is E	David N. Jac	kson.								
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fective date, n effective date of the date	if other that is listed, the di	in the date of ate must be spec- this block doe:	f filing: itic and ca	07/28/20 unnot be pri	or to date of	filing or more	than 90 da	(option)	il) ng.) Pursuant t	o 605.0207 (
		the Departme					e cjuni e men	iii, iiiii u	ne viii in o	e meet us t
ecord specifie is filed.	s a delayed e	ffective date, b	out not ar	i effective	time, at 12	:01 a.m. on	the earlier	of: (b)	The 90th day	after the
icd	aly a	29th	<u></u>	202	-0_					
	•	1/./	iai a							

Filing Fee: \$25.00