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COVER LETTER

TO:

TO: Registration S Division of Co			
Kingdom (Concepts Contracting LLC.		
SUBJECT:	Name of Lin		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alex Pharisien		
		Name of Person	
	Kingdom Concepts Contra	ecting LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	26460 SW 142 AVE APT.	107	
		Address	
	Homestead FL, 33032		
		City/State and Zip Code	
	Kingdom.cc.lle@gmail.con		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notification)	
Alex Pharisien		786 444-9028 at ()	
Name o	of Person	Area Code Daytime Telephone N	umber
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Certadditional copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	. 010
Tallahassee,	rl 32314	2415 N. Monroe Street, Su	nte 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kingdom Concepts Contracting LLC

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

MODEC -2 MA 8:5 The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number $^{\rm L19000271103}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kingdom Concepts Painting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 26460 SW 142 AVE APT,107 Enter new principal offices address, if applicable: Homestead FL. 33032 (Principal office address MUST BE A STREET ADDRESS) 13500 SW 250TH ST Enter new mailing address, if applicable: Homestead FL. 33032 (Mailing address MAY BE A POST OFFICE BOX) PO Box 924975 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cttv

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	<u>Address</u>	Type of Action
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove
			Change
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			□Remove
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		□Add	
			□Remove
			□Change
			□Remove
			□Change

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lf an ef <u>Note:</u>	(optional) fective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	11-21-2019
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Signature of a member or authorized representative of a member

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