## L19000285122

| (F                | Requestor's Name)    | · · · · · · · · · · · · · · · · · · · |
|-------------------|----------------------|---------------------------------------|
| (/                | Address)             |                                       |
| ( <i>F</i>        | Address)             |                                       |
| (0                | Dity/State/Zip/Phone | #)                                    |
| PICK-UP           | ☐ WAIT               | MAIL                                  |
| (E                | Business Entity Nam  | e)                                    |
| (0                | Document Number)     | _                                     |
| ed Copies         | Certificates         | of Status                             |
| al Instructions t | to Filing Officer:   |                                       |
|                   |                      |                                       |
|                   |                      |                                       |
|                   |                      |                                       |
|                   |                      |                                       |
|                   | Office Use Onl       | v                                     |



900398335629

01/17/28--01001--017 \*\*25.00

DESTANTA AMIO: 16

RECEIVED

111/2023

## **COVER LETTER**

| TO: Registration Section Division of Corporation |   |  |  |
|--|---|--|--|
| SUBJECT: RCOG                                    | 2W Your S                                       | Sol LLC ited Liability Company   |  |
| The enclosed Articles of An                      | nendment and fee(s) are sub-                    | mitted for filing.   |  |
| Please return all corresponde                    | ence concerning this matter                     | to the following:  |  |
|  | Jonath  | Name of Person   |  |
|  | Renew >   | Your Sol LLC Firm/Company  |  |
|  | 10 Sheoch b                                     | Address Address  | ler Springs FC 32708   |
|  | Winker Sprins                                   | FL 327 88 City/State and Zip Code Kingdem Ca. 059 to be used for future applied report not |  |
| -  | Janthana<br>E-mail address: 11                  | Kingden Ca. 059  | ification)   |
| For further information conc                     | erning this matter, please ca                   | all:   |  |
| Kristin L<br>Name of Pe                          | ) c. c. 1610                                    | at ( <u>S<b>O</b>8</u> ) <u>SQ3</u><br>Area Code Daytin                                    | ne Telephone Number  |
| Enclosed is a check for the fo                   | ollowing amount:                                |  |  |
| \$\$25.00 Filing Fee                             | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                        | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Sec                |   | Street Address:<br>Registration Se   |  |
| Division of Corp                                 | oorations                                       | Division of Co   | rporations   |

P.O. Box 6327

Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Kenew You   | r Sol LaC.   | 2023 JAN 17 AM 10: 16                      |
|---|--|--|
| (Name of the Limited 1  | iability Company as it now appears on o<br>lorida Limited Liability Company) | TALL AHASSEE, FL                           |
| The Articles of Organization for this Limited Liabi   | - ' '  | 18/2019 and assigned                       |
| This amendment is submitted to amend the followi  | ng:  |  |
| A. If amending name, enter the new name of the Kingdom Construction. The new name must be distinguishable and contain the words |  | tion "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable  | e:   |  |
| (Principal office address MUST BE A STREET A  | (DDRESS)   | <del></del>                                |
|   | <del></del>  |  |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE BO  | <u> </u>   |  |
|   |  |  |
| B. If amending the registered agent and/or regis<br>agent and/or the new registered office address h                            |  | s, enter the name of the new registered    |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  | Enter Florida str  | ant of these                               |
|   | rnter r tortda sir.  |  |
|   |  | , Florida<br>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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address      | Type of Action |
|--------------|-------------|--------------|----------------|
|              |             | <del>.</del> | □Add           |
|              |             |              | Remove         |
|              |             |              | □Change        |
|              |             |              | □Add           |
|              |             |              | □Remove        |
|              |             |              | □Change        |
|              |             |              | □Add           |
|              |             |              | □Remove        |
|              |             |              | □Change        |
|              |             |              | □Add           |
|              |             |              | □Remove        |
|              |             |              | Change         |
|              |             |              | □Add           |
|              |             |              | □Remove        |
|              |             |              | □Change        |
|              |             |              | □Add           |
|              |             |              | □Remove        |
|              |             |              | □Change        |

## Page 2 of 3

| •                         | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|---------------------------|--|
| _                         |  |
|                           | <del></del>  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |
| (If an et<br><u>Note:</u> | 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: 90th day after the record is filed. |
| Dated                     | Signature of a member or authorized representative of a member   |
|                           | Jonathon Uniciolo Typed or printed name of signee  |