

L200000 81128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE

DEC 15 2020

2020 11 10 10:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & A KING BROTHERS LLC
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alessandro quintana

(Name of Person)

A & A King Brothers llc
(Firm/Company)

10070 SW 28 St

(Address)

Miami Florida 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

lissy Quintana at (786) 262 1414
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2020

ALESSANDRO QUINTANA
A & A KING BROTHERS LLC
10070 SW 28 STREET
MIAMI, FL 33165

SUBJECT: A&A KING BROTHERS LLC
Ref. Number: L20000081128

We have received your document for A&A KING BROTHERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You've submitted a statement of change of registered agent form to change managers/members. You will need to submit articles of amendment to make this change. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 020A00023954

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & A Kung Brothers LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alessandro Quintana
Name of Person
A & A Kung Brothers LLC
Firm/Company
10070 SW 28 ST
Address
Miami Fla. 33165
City/State and Zip Code
Myhomes305@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alessandro Quintana at 786 262 1414
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Re A King Brothers LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/13/2020 and assigned
Florida document number L 2000001128.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

10070 SW 28 ST

Enter Florida street address

Upland

City

Florida

Zip Code

FL 33165

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Alessandro Quintana</u>	<u>10070 SW 28 ST</u> <u>Miami FL 33165</u>	<input checked="" type="checkbox"/> Add <u>stay</u> <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>(Remove)</u>	<u>Albert Quintana</u>	<u>10070 SW 28 ST</u> <u>Miami FL 33165</u> <u>(Remove)</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>S</u>	<u>Lissy Quintana</u>	<u>10070 SW 28 ST</u> <u>Miami FL 33165</u>	<input checked="" type="checkbox"/> Add <u>stay</u> <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

this letter is to remove Albert Quintana
and keep ALESSANDRO Quintana as (President)
and Lissy Quintana as (Secretary)
Thank You

I'm trying to change the name
and I send Back the form that
you corrected last time and was
incorrect too.

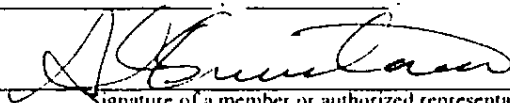
E. Effective date, if other than the date of filing: 11/20/2020 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/20/2020



Signature of a member or authorized representative of a member

Alessandro Quintana

Typed or printed name of signee