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SECALIANT OF TALE
STATE AND STATE

SUBJECT: Kingdom's Contracting 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:	
Name of Person	
Finn/Company 7044 Swamp Flower Dr N Address	
Jacksonville Fl 32244 City/State and Zip Code	
nicoleal varez @ Kingdomscontracting - co	m
For further information concerning this matter, please call:	
Joseph Quinn at (813) 573 6448 Name of Person at (813) Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$30.00 Filing Fee \$\sqrt{\$30.00}\$ Filing Fee & \$\sqrt{\$55.00}\$ Filing Fee & \$\sqrt{\$60.00}\$ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	f Status & py
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 19, 2020 and assigned Florida document number L20000135431
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Kinadom's Contracting & Roofing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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:
Enter Florida street address
City Florida Zip Cody
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 a 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 does ment 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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an ef <u>Note:</u>	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of tiling 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 them; seffective date on the Department of State's records.
If the recordis fi	rd 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 led.
Dated	Nov 31d, 2022.
	Smature of a member or authorized representative of a member
	Nicola Alugios

Typed or printed name of signee