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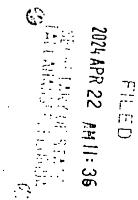
(Re	equestor's Name)	·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kingdomis Contract Name of Lim	ited Dability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Nicole Al	Name of Person
Kingdomis (5400 Verna	antracting and Roofing LIC Firm/Company Blud Suite 7 Address
Jacksonville	City/State and Zip Code
NICOLEALVAREZ (E-mail address: (WKING DOMS CONTRACTING COM to be used for future annual report notification)
For further information concerning this matter, please concerning this matter, please concerning this matter.	all:
Name of Person	at (813) 513 6448 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

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

Kingdomis Contracting an	nd Roofing LLC
(Name of the Limited Liability Company as it a	ow appears on four records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on May 19 20 Wand assigned
Florida document number <u>L20000135431</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
Kingdom's Contracting LLC The new name most be distinguishable and contain the words "Lighted Liability Compa	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<i>€</i> 3
Enter new mailing address, if applicable:	22 E2 E
(Mailing address MAY BE A POST OFFICE BOX)	≥ ? η ₹ ೫ η
	22
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	
agent and of the new registered office address here.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Name of New Registered Agent:	·
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	Zip Coxle

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

Transcript received to some	,,,	 **************************************	1 11110 0 0 01 000 0	 	
or removed from our records:					
of removed from our records.					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
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Page 2 of 3

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(If an ef <u>Note:</u>	ive 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	Apri/19, 2024
	Signature of a member or authorized representative of a member
	Nicol Alucia
	Nicola Alugez Typed or printed name of signee