K20 000 345609

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duninger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



700356205027

12/10/20=-01007=-020 **25.00

FILED 2020 DEC 10 PH 1:16

1/22/21

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Kinglin	Stone Managen	nent LLC	
	(vame() Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Telsethia Lynn (Vianna Blottin Name of Person	<u> </u>
	Kinglinstone Ma	nagement LLC Firm/Company	
	1317 Edgewater	Drive Ste, 2219	
	Orlando, Florida	(L 32804 City/State and Zip Code	
	+1 KAthin Commail	o be used for future annual report	notification)
For further information co	oncerning this matter, please ca	all:	
TLULTHIA L. Qianno	Ruffin Person	at (<u>32 </u> <u>710 -</u> Day	(0810) Time Telephone Number
Enclosed is a check for th	e following amount:		
© \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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 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

Kinglinstone Mana	GEMENT LLC d Liability Company as it now app (A Florida Limited Liability Compan)	ocars on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>LJ000/345</u>	ability Company were filed on		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," th	ne designation "LEC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applica	able:		-
(Principal office address MUST BE A STREE	T ADDRESS)	~	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	F11ED 200EC 10 PH 1: 1	- - -
B. If amending the registered agent and/or reagent and/or the new registered office address		r records, <u>enter the name of the new registe</u>	red
Name of New Registered Agent:	Tekethia L. Qian	ana Ruffin	_
New Registered Office Address:	Enter i	Florida street address	-
		, Florida	_
	City	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, 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>	Address	Type of Action
<u>AMBR</u>	Tekethia L. Qiunna Ruffin	1317 Edgewater Drive Ste. 2219 Orlando, Fl 32804	DYAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			200 Add
		: : : : : : : : : : : : : : : : : : :	Remove
		· -	Add Framove Compared Compar
		; ;	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗀 Remove
			Change

Aland and a	of Tillallia	1 (1)	R. (C.	
FINA ADDI	ng Tellethia rized member	L. WIANNA	1/4/11	
us autho	rized member	.1		
				
<u> </u>				20 DE
				-
	<u> </u>			
<u> </u>				
-				
ctive date, if other	than the date of filing:		(optional)
effective date is listed, the If the date inserted	e date must be specific and co in this block does not me	nnot be prior to date of ct the applicable statu	filing or more than 90 days	after filing.) Pursuant to 605.0 s, this date will not be listed
iment's effective date	on the Department of Sta	te's records.		
	d effective date, but not a	n effective time, at 12	:01 a.m. on the earlier o	of: (b) The 90th day after t
filed.			esentative of a member	