

L21 00000 4277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

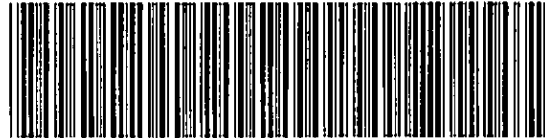
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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REC'D  
2021 JAN -8 PM 2:38  
CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2021

VATESSA ANN TOLBERT  
14039 HAMPSHIRE BAY CIRCLE  
WINTER GARDEN, FL 34787

SUBJECT: KINGDOM LIVING KINGDOM LLC  
Ref. Number: L21000004277

We have received your document for KINGDOM LIVING KINGDOM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 021A00003951

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kingdom Living Academy LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vatessa Ann Tolbert

\_\_\_\_\_  
Name of Person

Kingdom Living Academy LLC

\_\_\_\_\_  
Firm/Company

14039 Hampshire Bay Circle

\_\_\_\_\_  
Address

Winter Garden, FL 34787

\_\_\_\_\_  
City/State and Zip Code

iamvatessa@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vatessa Tolbert

407

655-7722

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Kingdom Living Kingdom LLC

**SECOND:** The Florida Document number of the limited liability company is: 121000004277

**THIRD:** Document to be corrected is: ~~The name need to be corrected~~ Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name is to be corrected: KINGDOM LIVING KINGDOM LLC is incorrect

KINGDOM LIVING ACADEMY LLC is the correct name

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Vatessa A Tolbert

01/08/2021

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.*

Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

RECEIVED - 8 PM 2:38  
STATE  
OF FLORIDA  
TALLAHASSEE, FL