L21000034046

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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A. BUTLER APR 1 5 2022

COVER LETTER

TO: ~ Registration Sect Division of Corpo			
KINGDOM I	NVESTMENTS PARTNER	S LLC	
SUBJECT: *	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub	·	
	ROGERS, EDWARD S		
		Name of Person	
	KINGDOM INVESTMEN	TS PARTNERS LLC	
		Firm/Company	
	4450 LAVENDER DRIVI	E	
		Address	
	PALM HARBOR, FL 346	85	
	sales@americannationwide	City/State and Zip Code	<u> </u>
	=	to be used for future annual report	notification)
For further information con	ncerning this matter, please c	all:	
ROGERS, EDWARD S		813 951-0750 at ()	
Name of F	Person	Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	530.00 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:		Street Address	<u>.</u>

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

KINGDOM INVESTMENTS PARTNERS 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 $\frac{01/15/2021}{2}$ and assigned Florida document number ______L21000034046 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: Donna M. Rogers Name of New Registered Agent: 4450 Lavender Drive New Registered Office Address: Enter Florida street address

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.

City

Palm Harbor

anging Registered Agent, Signature of New Registered Agent

, Florida 34685
Zip Code

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
MGR	Donna Rogers	4450 Lavender Drive	≘∧dd
		Palm Harbor, FL 34685	□ Remove
	 	□Change	
		□Add	
		□Remove	
			☐ Change
			□Add
			□Remove
		 	□ Change
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`an effec <u>(ote:</u> If	e date, if other than the date of filing:
l is file	
ated _	3/23 . 2022.
	Edward Ruger
	3/23 2022. Edward Rufur Signature of a member or authorized representative of a member

Filing Fee: \$25.00