

121000085294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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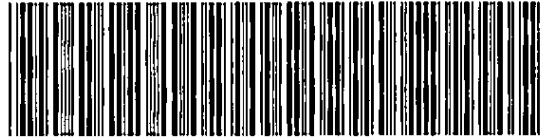
(Business Entity Name)

(Document Number)

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2021 APR -6 P 1:56

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kingdom Dwellers Ministries International LLC
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:

Sonia Becerra
Name of Person
Swyft Filings, LLC
Firm/Company
3 Greenway Plaza #1320
Address
Houston, Texas 77046
City/State and Zip Code
filings@swyftfilings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Becerra at (877) 777-0450
Name of Person 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 & 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Kingdom Dwellers Ministries International 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 02/19/2021 and assigned
Florida document number L21000085294.

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:

Name of New Registered Agent:

Bruce Curtiss Goodson

New Registered Office Address:

15621 MOSS HOLLOW DRIVE

Enter Florida street address

JACKSONVILLE

, Florida

32218

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.

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MAR-1-2021
P 1:55
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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Vanessa Howard Goodson	15621 MOSS HOLLOW DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bruce Curtiss Goodson	15621 MOSS HOLLOW DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRUCE Curtiss	15621 MOSS HOLLOW DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VANESSA GOODSON	15621 MOSS HOLLOW DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

(b) The 90th day after the record is filed.

Dated March 8, 2021

x Bruce Curtis Goodson

Signature of a member or authorized representative of a member

BRUCE CURTISS GOODSON
Typed or printed name of signer

Typed or printed name of signee

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