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2021 DEC 16 AM 9: 24

COVER LETTER

	stration Sec sion of Corp			·				
SUBJECT: _	KINGDOM	ROYALTY LIMITED LIAB	ILITY COMPANY	201 110 13	r., 8: úè			
SUBJECT: _		Name of Limi	ited Liability Company	S.				
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		KERRY TRANQUILLUS						
			Name of Person					
		KINGDOM ROYALTY L	IMITED LIABILITY COMPANY					
			Firm/Company	Company S S S S S S S S S				
		3470 DREW ST			iling Fee, ate of Status & I Copy I copy is enclosed)			
			Address		Filing Fee, eate of Status & ed Copy			
		JACKSONVILLE, FL 322	207					
			City/State and Zip Code					
		KERRY_TRANQUILLUS						
				(fication)				
For further in	formation co	oncerning this matter, please co	all:					
KERRY TRA	MQUILLU	lS .	at ()					
	Name of	f Person	Area Code Daytim	ie Telephone Number				
Enclosed is a	check for th	ne following amount:						
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate C	of Status & opy			
	ling Addres			ection	·			
	gistration S vision of C	Section forporations	Division of Co					
P.O	. Box 632	7	The Centre of 1					
Tal	lahassee. I	·1, 32314	2415 N. Monro	e Street, Suite 810				

Tallahassee, FL 32303

COVER LETTER

	tration Sect on of Corpo			
K		valty Transportation Limited	Liability Company	
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed A	articles of A	mendment and fee(s) are subt	nitted for filing.	
		dence concerning this matter t		
		Kerry S Tranquillus		
			Name of Person	
		Kingdom Royalty Transpor	rtation Limited Liability Company	
			Firm/Company	
		3470 Drew St		
			Address	
		Jacksonville, FL 32207		
			City/State and Zip Code	_
		kerry_tranquillis@yahoo.cc	on to be used for future annual report notif	ication)
For further info	ormation cor	ncerning this matter, please co		
Kerry S Tranq		,	904 703-8024	
	Name of I	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a c	theck for the	following amount:		
■ \$25.00 Fil	ing Fec	☐ \$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)
	ng Address: stration Se		Street Address: Registration Sec	etion

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

FILED

2021 DEC 16 AM 9: 24

KINGDOM ROYALTY TRANSPORTATION LIMITED LIABILITY COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALL AHASSEE, FUCKS

The Articles of Organization for this Limited Liability Com	pany were filed on 09/29/2021	and assigned
Florida document number 1.21000427715		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
KINGDOM ROYALTY LIMITED LIABILITY COMPANY		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_ _
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	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 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	BEVERLY BENJAMIN	3470 DREW ST	
		JACKSONVILLE, FL 32207	■Remove
MGR	JEAN-MAX BENJAMIN	980 NE 152 ST	□Add
		MIAMI, FL 33162	=Remove
			Change
MGR	KERRY S TRANQUILLUS	3470 DREW ST	€Add
		JACKSONVILLE, FL 32207	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Remove
			□Change

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			(and in a a l)	
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	ock does not meet the applicab	date of filing or more than ale statutory filing requir	90 days after filing.) Pursuant to 605 ements, this date will not be list	5.0207 (, led as th
record specifies a delayed effective d is filed.	e date, but not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90th day afte	er the
	2021			
December 13				
Dated December 13		- •		

Filing Fee: \$25.00

Typed or printed name of signee