

L21000442098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

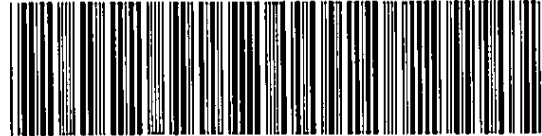
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300374739203

01/27/22--01020--001 **25.00

FILED

2022 JAN 26 PM 1:48

SECRETARY OF STATE
FALL AHEADSSECT. F. H. HENDON

JAN 28 2022

D. COANELL

LLC
Hend.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2021

ADDY S LANE
5924 SHERIDAN ST
SUITE 1135
HOLLYWOOD, FL 33021 US

SUBJECT: KINGSTON LAINE MANAGEMENT, LLC
Ref. Number: L21000442098

We have received your document for KINGSTON LAINE MANAGEMENT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

IN ORDER TO FILE THE ATTACHED AMENDMENT DOCUMENT, WE MUST HAVE A FILING FEE OF \$25 AS THE MONIES SUBMITTED BEFORE HAVE BEEN USED TO FILE THE STATEMENT OF AUTHORITY THAT WAS FILED IN OUR OFFICE ON NOVEMBER 1, 2021.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 521A00031137

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kingston Laine Managment, 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:

Addy S. Laine

Name of Person

Kingston Laine Management, LLC

Firm/Company

701 NW 210 St. Apt # 404

Address

Miami, FL 33169

City/State and Zip Code

kingstonlainemgmt@gmail.com

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

For further information concerning this matter, please call:

Addy S. Laine

954

274-1142

at ()

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 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**

KINGSTON LAINE MANAGEMENT, LLC

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

FILED
2022 JAN 26 PM 1:48
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/11/2021 and assigned
Florida document number L21000442098.

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:

701 NW 210 ST APT#404

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33169

Enter new mailing address, if applicable:

5924 SHERIDAN ST

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 1135

HOLLYWOOD, FL 33021

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:

ADDY S. LAINE

New Registered Office Address:

701 NW 210 ST APT #404

Enter Florida street address

MIAMI

City

Florida 33169

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIZABETH BIEN-AIME	5924 SHERIDAN ST	<input type="checkbox"/> Add
		SUITE 1135	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
AMBR	ADDY LAINE	701 NW 210 ST	<input checked="" type="checkbox"/> Add
		APT #404	<input type="checkbox"/> Remove
		MIAMI, FL 33169	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee