LZZ000013186

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
_		
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
<u></u>		





500379104995

01/19/22--01028--094 **29.00

22.11 10 171 3:15

T. **MATTHEWS**JAN 2 6 2022

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
KINGDON	M ROAD PROPERTIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
Γhe enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	TYLER K HIATT		
	40.	Name of Person	
	KINGDOM ROAD PROP	ERTIES LLC	
		Firm/Company	<u>.</u> .
	1453 W LANDSTREET R	OAD UNIT 302	
		Address	
	ORLANDO, FL 32824		
		City/State and Zip Code	
	ADMIN@LANDSTREETA		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all;	
TYLER K HIATT		407 615-0208	
Name o	of Person	at (at (Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Addre		Street Address:	ation
Registration Division of C		Registration Se Division of Co	
P.O. Roy 63		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 22 27 19 91 3: 15

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

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	HIATT BROTHERS HOLDINING LCC	1453 W LANDSTREET ROAD	□Add
		UNIT 302	⊠Remove
		ORLANDO, FL 32824	□Change
MGR	HIATT BROTHERS HOLDINGS LLC	1453 W LANDSTREET ROAD	DAdd
	UNIT 302	□Remove	
		ORLANDO, FL 32824	□Change
			□Add
		□Remove	
		□Change	
			🗆 Add
		□Remove	
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

WRONG SPELLING: HIATT BE	ROTHERS HOLDININGS LLC
CORRECT SPELLING: HIATT I	BROTHERS HOLDINGS LLC
	
	
	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 does not meet the applicable statutory filing requirements, this date will not be listed a
ecord specifies a delayed effective dat s filed.	ste, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JANUARY 13	2022
	
July Hav	nature of a member or authorized representative of a member

Filing Fee: \$25.00