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COVER LETTER

TO:

Registration Section Division of Corporations

Kings Rea	ilty Referrals Group, LLC			
Sobject.	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Madeline Reyes-Bonilla			
		Name of Person	····	
	Kings Realty Referrals Gre	oup, LLC		
		Firm/Company		-
	6137 Deltona Blvd.		22 SEP -9	;;; 5);
		Address		Ξ.
	Spring Hill, FL 34606		PH :: 34	
		City/State and Zip Code		 :
	queenofkingsrealty@gmail.			
	E-mail address: (to be used for future annual report not	fication)	
For further information	concerning this matter, please c	all:		
Madeline Reyes-Bonill	a	352 610-9984 at ()		
Name	of Person		e 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kings Realty Referrals Group, LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears o mited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{3/30/2}{1}$	22	and assigned
lorida document number L22000154377			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	d liability company here	:	
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
			22 ×
nter new mailing address, if applicable:			SEP Notes
Mailing address MAY BE A POST OFFICE BOX)			-9
			P (9)
			- # <u>*</u>
. If amending the registered agent and/or registered o gent and/or the new registered office address here:	office address on our reco	ords, <u>enter the name</u>	of the new regist
che und of the new registered office address never			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	20 - C- L
	City		Zip Code

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>	Name	Address	Type of Action
MGR	Madeline Reyes-Bonilla	6137 Deltona Blvd., Spring Hill, FL 34606	
			Петюve
AMBR	Madeline Reyes-Bonilla	6137 Deltona Blvd., Spring Hill, FL 34606	= Add
			□Remove
			□Change
			□Add
			A Remove SCP
			Chánge PAdd
			□ Remove
			□Change □Add
			□Remove
			□Change
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			□ Remove
			□Change

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