

h22000161312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

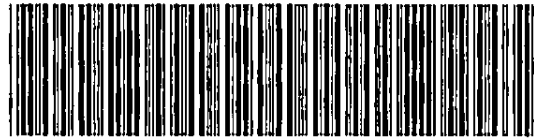
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
22 APR 26 PM 12:29

T. MATTHEWS

JUN 20 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE KINGS COMPANY ENTERPRISES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIANA MAYORQUIN

Name of Person

THE KINGS COMPANY ENTERPRISES LLC

Firm/Company

15806 SW 48TH MNR

Address

MIRAMAR FLORIDA 33027

City/State and Zip Code

JIMENEZACCOUNTING@GMAIL.COM

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

For further information concerning this matter, please call:

ADRIANA MAYORQUIN

561 277-5065  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**22 APR 26 PM 12:29**

THE KINGS COMPANY ENTERPRISES 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 04/04/2017 and assigned Florida document number L22000161312.

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 "LLC."

**Enter new principal offices address, if applicable:**

14841 SW 176TH TERRACE

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FLORIDA 33187

**Enter new mailing address, if applicable:**

14841 SW 176TH TERRACE

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FLORIDA 33187

**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:

ADRIANA MAYORQUIN

New Registered Office Address:

14841 SW 176TH TERRACE

*Enter Florida street address*

MIAMI

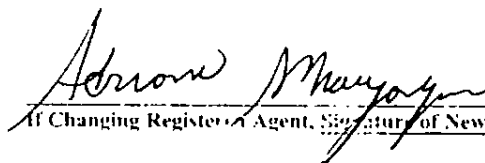
*City*

Florida 33187

*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>
AMBR	ADRIANA MAYORQUIN	15806 SW 48TH MNR	<input type="checkbox"/> Add
		MIRAMAR, FLORIDA 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADRIANA MAYORQUIN	14841 SW 176TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33187	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

[illegible]

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 30 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.

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

Dated APRIL 20 2022

*Adnan Muezzin*  
Signature of a member or

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**