

L22000161592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

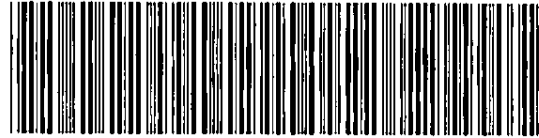
(Business Entity Name)

(Document Number)

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04/26/22--01002--017 **25.00

FILED
2022 APR 26 AM 8:32
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

RECEIVED
2022 APR 26 PM 1:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

cf 4/27/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Our Kingdom 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:

June E Allen

Name of Person

Our Kingdom LLC

Firm/Company

9209 NorthWest 70TH Place

Address

TAMARAC, FL 33321

City/State and Zip Code

ourkingdom876@gmail.com

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

For further information concerning this matter, please call:

June E Allen

954 600-1979
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**

FILED

2022 APR 26 AM 8:32

Our Kingdom LLC

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

CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/05/2022 and assigned
Florida document number L22000161592.

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:

9209 NorthWest 70TH Place

(Principal office address MUST BE A STREET ADDRESS)

TAMARAC, FL 33321

Enter new mailing address, if applicable:

9209 NorthWest 70TH Place

(Mailing address MAY BE A POST OFFICE BOX)

TAMARAC, FL 33321

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	Jovan K Dinnall	9209 NW 70TH PL	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	June E Allen	9209 NorthWest 70TH Place	<input checked="" type="checkbox"/> Add
		TAMARAC, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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: 04/05/2022 (optional)


(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)

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 earlier of: (b) The 90th day after the record is filed.

Dated 04/05/2022

- DocuSigned by:

DocuSigned by:

 E61AD63A25BE4EE

-F61AD63A25BF4FE

Signature of a member or authorized representative of a member

June E Allen

Typed or printed name of signee

Filing Fee: \$25.00