L2200192848

	(Requestor's Name)
	(Address)
	Address
	(Address)
•	
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	·
Special Instructions to	p Filing Officer:
	į
	1



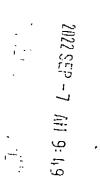


800393724488

2022 SEP -7 AM 9: 38

及用のマンシーン

83-9377 Trem one **25.00



4 9/1/22

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kings Construction Services 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:	
Christopher L King Sr Name of Person	
Kings Construction Services LLC Firm/Company	
24135 NE 1515+ St Address	
Fort MCCOY Florida 32134 City/State and Zip Code	
1 Kings construction services LLC & gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christopher L King Sr at (352) 286-229C Name of Person at (352) Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$\sum_{\sum_{\text{25.00 Filing Fee}}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \text{\$\sum_{\text{S55.00 Filing Fee}}} \text{\$\sum_{\text{S60.00 Filing Fee}}} \text{\$\sum_{\text{Certificate of Status}}} \text{\$\sum_{\text{Certificate of Status}}} \text{\$\sum_{\text{Certified Copy}}\$ \text{\$\text{Certified Copy}\$ \text{\$\text{(additional copy is enclosed)}}} \text{\$\sum_{\text{Certified Copy}}\$ \text{\$\text{(additional copy is enclosed)}} \text{\$\text{Certified Copy}\$ \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy}\$ \text{\$\text{(additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy}\$}} \text{\$\text{(additional copy is enclosed)}}} \$\text{\$\text	itus &
Mailing Address: Registration Section Street Address: Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee. FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP -7 AH 9: 49

Kims Construction Serv	ices LLC	···· 5 45
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our records.) ability Company)	
		and assigned
This amendment is submitted to amend the following:		
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: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. 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 Enter Florida street address City Zip Code Sew Registered Agent's Signature, if changing Registered Agent: Chereby 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		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
	performance of my duties, and I am fa rovided for in Chapter 605, F.S. Or, i	amiliar with and if this document is

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> **Address Type of Action** Name | 24135 NE 1515t Street DAGG Christopher L King Sr mGR □Remove _____ □Remove □Remove _____ □Remove □ Change _____ □Remove _____ □ Change

...... □Remove

____ 🗀 Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
fan ei <u>Note:</u>	tive date, if other than the date of filing: [Coptional] Tective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as itent's effective date on the Department of State's records.
reco d is f	rd 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 led.
ated	9-7-2022
	9-7-3002 Signature of a member or authorized representative of a member
	Christopher L King Sv Typed or printed name of signee
	Christopher L King Sr