

L22000401833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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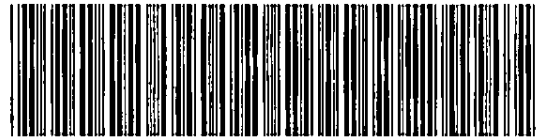
(Business Entity Name)

(Document Number)

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2022 OCT 17 AM 4:00  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lloyd of Kingz 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:

Rochell Lloyd  
Name of Person

Lloyd of Kingz LLC  
Firm/Company

13727 SW 152nd St # 1218  
Address

Miami FLA. 33177  
City/State and Zip Code

Lloyd of Kingz@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochell Lloyd at 786 234 9677  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lloyd of Kingz 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 9/14/22 and assigned  
Florida document number 9/14/22

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LLOYD OF KINGZ LLC  
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:**

(Principal office address MUST BE A STREET ADDRESS)

13727 SW 152nd St  
# 1218  
Miami FLA, 33177

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

(Mailing address MAY BE A POST OFFICE BOX)

13727 SW 152nd St  
# 1218  
Miami FL 33177

**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: Rochell Lloyd (Same)  
New Registered Office Address: 13727 SW 152ND ST # 1218  
Miami, Florida 33177  
City 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.

Rochell Lloyd  
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>
AP	Demond Scott	1321 SW 6th CT	<input type="checkbox"/> Add
		Florida City FL 33034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rochell Lloyd	13727 SW 152nd	<input checked="" type="checkbox"/> Add
		# 1218	<input type="checkbox"/> Remove
		Miami FL 33177	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2017 MAY 7 AM 4:01  
CLERK OF STATE  
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove Demand Scott from Article IV

Add Rochell Lloyd MGR

Add address: 13727 SW 152nd St #1218  
Miami FLA. 33177

My Contact number: 786 234 9677

Return address: 1321 SW 6th Ct

Florida City FL 33034

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E. Effective date, if other than the date of filing: 10/1/22 (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

10/4/22

Rochell Lloyd

Signature of a member or authorized representative of a member

Rochell Lloyd

Typed or printed name of signer