# 123 ecc 2243i

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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2023 SEP 18 PH 12: 402023 SEP 18 PM 2: 43

ALI AHASSEE, FLORIS

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

KINGDOM REAI	ESTATE HOLDINGS, I	LC			
Please Debit FCA0	00000003 For: <sup>25</sup>				
Thank you Seth Ne	eeley				
1401					
			Art of Inc. File		
		\ \	LTD Partnership File	-	
			Foreign Corp. File		
			L.C. File	2023	CIVI)
			Fictitious Name File	SEP	(7)
			Trade/Service Mark	_	\$5.
			Merger File	σ-	
		<u> </u>	Art, of Amend, File	  -  -  -	9-45 9-6
			RA Resignation	7:5	
			Dissolution / Withdrawal	0	7.17
			Annual Report / Reinstatement		
			Cert. Copy		
			Photo Copy		
			Certificate of Good Standing		
		'	Certificate of Status		
			Certificate of Fictitious Name		
			Corp Record Search	•	
/ .			Officer Search		
4	7/		Fictitious Search		
Signature	<u> </u>	-	Fictitious Owner Search	<del></del>	
Signature			Vehicle Search		
			Driving Record		
Requested by:			UCC 1 or 3 File		
N		-	UCC 11 Search		
Name	Date Time	·	UCC 11 Retrieval		
Waik-In	Will Pick Up	-	Courier		

#### **COVER LETTER**

TO: Registration So Division of Cor				
KINGDON	4 REAL ESTATE HOLDINGS	S, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CORY D. SIMS			
		Name of Person		
	KINGDOM REAL ESTA	TE HOLDINGS, LLC		
	-	Firm/Company		
	304 INDIAN TRACE, SU	ITE 200		2023
		Address		SEP
	WESTON, FL 33326			18
	CDSIMS1982@GMAIL.CO	City/State and Zip Code		2023 SEP 18 PH12: 40
	E-mail address: (	to be used for future annual report notifi	cation)	. 40
For further information c	concerning this matter, please c	all:		
CORY D. SIMS		954 801-3832		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 enclo	
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGDOM REAL ESTA	ATE HOLDINGS, LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp		and assigned
Florida document number 1.23000022436		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited i	iability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS	2	
		1713 SEF
		SE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning agaress ment bit, at topy of thee boxy	<del> </del>	<b>₹</b> 9.5
		<u>F</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		O -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Florid	la
	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.

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>	Address	Type of Action
AMBR	CAROLINA SIMS	304 INDIAN TRACE, SUITE 200	
		WESTON, FL 33326	■ Remove
			□ Change
		<del> </del>	
			□ Remove
			Change
			Ad 2023
			Remeye OF
			OIVISION OF CORPORATIONAL AND CORPORATIONAL
			Change Ch
			☐ Remove
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		<del></del>	D Add
			□ Remove
			Change
		<del></del> -	□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	v.)
	<u></u>
	<del></del>
	2923 SEP 1
	2923 SEP 18
	JP#1 <b>2: 40</b>
	<del></del>
	<del></del>
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 90 days after filing.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	.) Pursuant to 605.0207 (3 will not be listed as th
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier of:
Dated	
$C \rightarrow S$	
Signature of a member or authorized representative of a member	<del> </del>
CORY SIMS	- <u>-</u>
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00