# L23000278043

<del></del> -	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Fiting Officer:
	J. HORNE
	JUN 2 2 2023

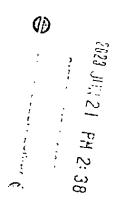
Office Use Only



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(850) 524-6243 Please use funds from account: 12021000Q160: 30.00 Authorization Signature: \_\_\_\_\_ L23000278043 Kingdom Fund 12/10 Business DOC# Certified Copy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> **Profit Corp** X Amendment Not for Profit Resignation of R.A. or member \_\_\_ Dissolution Officer/Director \_\_\_ Change of Registered Agent \_\_ Limited Liability Revocation of Dissolution Domestication \_\_\_Merger \_Other \_ Conversion **CORP** Amended and restated Articles LLLP Statement of Correction OTHER FILINGS REGISTERATION/QUALIFICATIONS **Trademark** Foreign filing Annual Report Limited Partnership \_\_ Reinstatement Fictitious Name APOSTILLE Other

FLORIDA CAPITAL COURIER SERVICES, INC

COUNTRY

EXAMINIER'S INITIALS:

2330 CLARE DRIVE

(850) 524-5437

TALLAHASSEE, FL 32309

(850) 524-6243 Please use funds from account: I20210000160: 30.00 Authorization Signature: Kingdom Fund 12 LLC Business DOC# Certified Copy Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** X Amendment **Profit Corp** Resignation of R.A. or member Not for Profit \_\_\_ Dissolution Officer/Director \_\_\_ Change of Registered Agent Limited Liability Revocation of Dissolution Domestication \_\_\_Merger Other Conversion CORP **Amended and restated Articles** LLLP **Statement of Correction** OTHER FILINGS REGISTERATION/QUALIFICATIONS Trademark Annual Report Foreign filing Limited Partnership \_\_ Reinstatement Fictitious Name Other \_ APOSTILLE

FLORIDA CAPITAL COURIER SERVICES, INC

**COUNTRY** 

EXAMINIER'S INITIALS:

2330 CLARE DRIVE

(850) 524-5437

TALLAHASSEE, FL 32309

# **COVER LETTER**

TO: Registration Section
Division of Corporations

KINGDOM FUND 12 LLC SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jonathan K. Winer, Esq.			
		Name of Person		
	JONATHAN K. WINER,	P.A.		
		Firm/Company	<del></del>	
	16400 Collins Avenue, #20	646		
	<del> </del>	Address	<del></del>	
	North Miami Beach, FL 33	3160		
		City/State and Zip Code	<del></del>	
	jonathankwiner@gmail.con			
	E-mail address: (	to be used for future annual report notif	fication)	
For further information	concerning this matter, please c	all:		
Jonathan K. Winer, Esc	ļ. 	954 687-9448 at ()		
Name	of Person	Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTICLES OF (	DRGANIZATION	$\Leftrightarrow_{t_t}$
C	<b>OF</b>	1023 JUNI 21 M 8:28
KINGDOM FUND 12 LLC		ALLERY AND STREET
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	**************************************
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L23000278043		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2001
	action - to the set are and the	
<del></del>	, Floric	da Zip Code
	- III Y	and confe

### 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 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
MGR Liat Hiak	Liat Hiak	418 HOLIDAY DRIVE	□Add
		HALLANDALE, FL 33009	■Remove
			Change
MGR Ofer Tamir	Ofer Tamir	2241 NE 197TH ST	■ Add
		MIAMI, FL 33180	□ Remove
			Change
			□Remove
			Change
			□Add
			□ Remove
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Effect	ve date, if other than the date of filing:(optional)
(If an eff	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
the recor	d 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
cord is fil	ed.
	June 21 2023
Dated	,
	NKKWN
	` \ \ \ ' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Jonathan K. Winer, Esq., attorney for member

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