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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CONSTRUCTION KINGDOM LLC SUBJECT: \_ 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: ADDEL Y RODRIGUEZ Name of Person CONSTRUCTION KINGDOM LLC Firm/Company 11430 KIMBLE DR APT # 2 Address FORT MYRES, FL 33908 City/State and Zip Code RODRIGUEZADEEL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 820-6715 ADDEL Y RODRIGUEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & S25,00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTRUCTION KINGDOM LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)  bility Company)	
The Articles of Organization for this Limited Liability Company was allorida document number L24000300903	ere filed on 07/05/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2
-		74
Enter new mailing address, if applicable:		1 1
Mailing address MAY BE A POST OFFICE BOX)		-;
Maning undress SETT DE TT OFF OFF TEL TONY		ů.
		9
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the i</u>	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Coron Elani I I lani	
	Enter Florida street address	
		1
	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 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>	Type of Action
MGR	ADDEL Y RODRIGUEZ	11430 KIMBLE DR APT # 2	
		FORT MYRES, FL 33908	□Remove
			<b>■</b> Change
AMBR	MAIRINQUIRCH GUERRA	11430 KIMBLE DR APT # 2	□ Add
		FORT MYRES, FL 33908	
			= Change
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lf an effect <u>Note:</u> If	date, if other than the ive date is listed, the date must the date inserted in this blocks effective date on the D	t be specific and cann ock does not meet t	ot be prior to date of the applicable stat	filling or more than 9 utory filling require	(optional)  3 days after filing.) Purs ments, this date will r	uant to 605,0207 ( not be listed as t
e record s rd is filed	pecifies a delayed effectiv	e date, but not an e	ffective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90t	h day after the
Dated	_					
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				oresentative of a mem		
		Signature of a memb	per or authorized rep	resentative of a mem	ber	