

L24000303989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

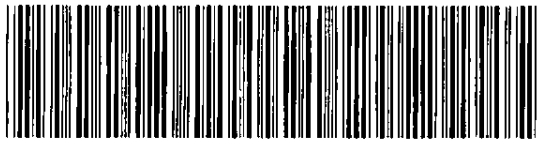
(Business Entity Name)

(Document Number)

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08/19/24--01014--013 \*\*25.00

2024 AUG 19 PM 1:09  
REGISTERED  
FILING

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KINGONE 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:

Yongmei Cai  
Name of Person

YONGMEI CAI& Associates CPA PA  
Firm/Company

601 N CONGRESS AVE SUITE412  
Address

Delray Beach FL 33445  
City/State and Zip Code

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

2021 AUG 19 PM 1:09  
RECEIVED  
FBI

For further information concerning this matter, please call:

Yongmei Cai at ( 561- ) 699-7886  
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

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

KINGONE 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 7/8/2024 and assigned Florida document number L24000303989.

This amendment is submitted to amend the following:

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

N/A

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:

2022 US-1, Vero Beach, FL 32962

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2022 US-1, Vero Beach, FL 32962

(Mailing address MAY BE A POST OFFICE BOX)

**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:**

N/A

Name of New Registered Agent:

New Registered Office Address:

2022 US-1, Vero Beach

Enter Florida street address

Vero Beach

City

Florida

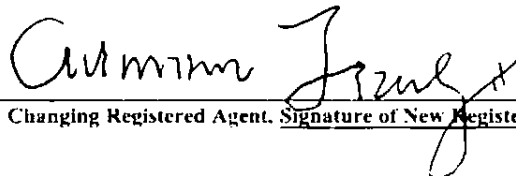
32962

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

N/A

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

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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STAFF  
6/11/10  
6/11/10  
6/11/10

