N15000004842

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	,
Mail to Cox b. mailing appres	Y
Special Instructions to Filing Officer:	1
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06/03/16--01004--001 **43.75

BECEIVE ATTIVE TO SO ON THE PROPERTY OF THE PR

COVER LETTER

NAME OF CORPORATION: LILONUS INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Lucile Robertson
hingdom Fellouship Ministrics
160 nw 18th of
(Address)
Miami Fl 33136
(City/ State and Zip Code) Ce O Company Signature Company (City/ State and Zip Code) Leman address: (to be used for futulae annual report optimication)
For further information concerning this matter, please call:
Lucile Robertson at 305-922-8087 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Foe Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Foe Certificate of Status Certified Copy (Additional Copy is Enclosed)
No. Add

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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COUDION NADES			
Requester's Name			
PO Box 387			
Address 856	5-		
Mouricello, FL 32345 832. City/State/Zip Phone	-8365		
/ City/State/Zip Phone			
	<u> </u>	Office Use Only	
• • •		·	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. Lil ONES, INC.			
(Corporation Name)		(Document #)	
2. (Corporation Name)		(Document #)	
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6. (Corporation Name)		(Document #)	
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(Corporation Name)		(Document #)	
☐Walk in ☐Pick up time	·	☐Certified copy	
☐Mail out ☐Will wait	Photocopy	☐ Certificate of Status	



June 6, 2016

COURIER XPRESS P.O. BOX 387 MONTICELLO, FL 32345

SUBJECT: LIL ONES, INC. Ref. Number: N15000004842

We have received your document for LIL ONES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, "N14000004323 - KINGDOM FELLOWSHIP MINISTRIES INC". Only the first page of document was received. Please send the entire document back to be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 016A00011782



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2016

COURIER XPRESS P.O. BOX 387 MONTICELLO, FL 32345

SUBJECT: LIL ONES, INC. Ref. Number: N15000004842

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I your change.

We have received your document for LIL ONES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The date of adoption of each amendment must be included in the document.

The document is missing pages 2 and 3. Please add these pages to your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 016A00011782

Articles of Amendment to Articles of Incorporation of

LIL ONES, INC.	**.	·			
	n as curren	tly filed with the Florida C	ept. of State)		
N15000004842					
(Docu	ıment Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not For Pro</i>	fit Corporation ado	pts the fo	llowing
A. If amending name, enter the new name of the	<u>ie corporat</u>	ion:			
				7	he new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		tion" or "incorporated" or	the abbreviation "C		
B. Enter new principal office address, if applic					
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	-		
					
			<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		160 NW 18TH STREET		 -	1 .23
		MIAMI, FL 33136		188	(27)
			·	70	; ;
D. If amending the registered agent and/or regi	istered offic	ce address in Florida, enter	the name of the	1 Kg - K 197 Eg	- P
new registered agent and/or the new register	e Tari, er pi <u>sa</u> a	6		11.75	ا نیز
Name of New Registered Agent:	LUCILLE	ROBERTSON		<u> 525</u>	1/2
	2908 PARK DR.			CJ.	
	·	(Florida s	treet address)		
<u>New Registered Office Address</u>					
·	*APOPKA	·	, Florida	32703	
Marketon .	(City)		(Zip Code)		
lew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered	Acent: with and accept the	obligations of the p	osttion.	.
	. V 3	ionation of New Revistered	Acent if chancing	,	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SEC.	LUCILLE ROBERTSON	2908 PARK DR.
XX Add	• ,		APOPKA, FL 32703
Remove			
2) Change			,
Add			
Remove			
3) Change			
Add		·	
Remove			
4) Change			
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5) Change			
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6) Change		<u> </u>	
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Remove			

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)			
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JUNE 2, 2016	
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JUNE 2, 2016	
(no more than 90 days after amendment file date)	1
plock does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
(CHECK ONE)	
adopted by the members and the number of votes cast for t	the amendment(s)
mbers entitled to vote on the amendment(s). The amendmentors.	ent(s) was/were
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The state of the s	
mus or vice chairman of the board, president or other officers in selected, by an incorporate — if in the heads of a receiver, appointed ficturity by that fainting? -UC P	
	clock does not meet the applicable statutory filing requirem Department of State's records. (CHECK ONE) adopted by the members and the number of votes cast for total, mbers entitled to vote on the amendment(s). The amendmentors. 2016