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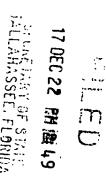
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		HOME SERVICES LLC		
SOBJE	,	Name of Limi	ted Liability Company	
The enc	closed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please 1	return all correspon	ndence concerning this matter t	to the following:	
		Janet M Kennedy		
		***	Name of Person	
		Kennedy Home Services	LLC	
			Firm/Company	
		1170 Palmetto Street		
			Address	
		Clearwater FL 33755		
			City/State and Zip Code	
		janet.mattkenn@yahoo.co	orn o be used for future annual report notifi	(mation)
		·	•	cation)
For furt	ther information co	oncerning this matter, please ca	ill:	
Janet I	Kennedy		727 742-7658 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
≌ \$ 25	5.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENNEDY HOME SERVICES LLC			
(Name of the Limited Liability (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company were filed on 1/9/2017 Florida document number L17000003199		7	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ddress, if applicable: Y BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the time of the new		
		CT:	10
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our ress here:	enter the	44mme of the ne
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florida st	reet address	.
		ru: a.	
· -	City	, Florida	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
VP AMBI	Janet M Kennedy	1170 Palmetto Street Clearwater	Add
			Remove
			☐ Change
			Add
			☐ Remove
		·	□ Change
			Add
			☐ Remove
			G-Change
			SS Naddring
			Rentions
			Change
			□ Remove
			Change
			Add
			Remove
			☐ Change

Cl	anging to single member LLC				
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	12/19/2017	رد لند ۱۳۰۰ دغ	2		
Tectiv	e date, if other than the date of filing: (optive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	tional Y			07
ote: l	the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.	is date wil	G ot b	e listed	15
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 Oth day after the record is filed.	a.m. on	the e	earlier	of
1 ated	2/18/2017				
116G _	O + h / I				
	Signature of a member or authorized representative of a member	·· <u> </u>			

Page 3 of 3

Filing Fee: \$25.00