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SECRLIARY OF STATE

B. BOSTICK
MAY - 8 2012
EXAMINER

COVER LETTER

	on Section f Corporations			
SUBJECT:	Kenn	y's Attic LLC		
		ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concerning this matter	r to the following:		
		Loy K Gossett		
		Name of Person		
		Firm/Company		
19817 Gulf Blvd Unit 502				
		Address		
Indian Shores FL 33785 City/State and Zip Code kennys.attic@yahoo.com			121 SEC	
			AHP AY	
	E-mail address: (to be used for future annual repo	ort notification)	HASSE T
For further informat	ion concerning this matter, please o	eall:		12 MAY -4 PM 2: 1 SEURLIAN OF STAT
	Loy K Gossett	at (727)	459-2706 Daytime Telephone Number	1 2: 15 FLORID
Na	ame of Person	Area Code &	Daytime Telephone Number	>
Enclosed is a check	for the following amount:			
\$25.00 Filing Fee	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	te of Status &
MAILING ADDRESS: Registration Section		STREET/C Registration	OURIER ADDRESS: Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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

(Name of the Limited (A	Kenny's Attic LLC Liability Company as it now appear: Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Li Florida document numberL11000006	· · · · ——	01/14/2011	and assigned		
This amendment is submitted to amend the follow. A. If amending name, enter the new name of		:			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	TADDRESS)		<u> </u>		
Enter new mailing address, if applicable:			A		
(Mailing address MAY BE A POST OFFICE BOX)					
		2	7ATE 5		
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on ou ice address here:	ır records, <u>enter tl</u>	ne name of the new		
Name of New Registered Agent:	Loy K Gossett				
New Registered Office Address:	19817 Gulf Blvd Unit 502	Fl. d. d.			
	Enter Florida street address				
	Indian Shores	, Florida	33785		
	City		Zip Code		
New Registered Agent's Signature, if changing R	egistered 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 608, E.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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGRM Teresa Boyd/Gossett 19817 Gulf Blvd ☐ Add Indian Shores FL 33785 Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Loy K Gossett Typed or printed name of signee

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Filing Fee: \$25.00