L13000029695

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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N. Cuffigan - JUL 23 20134

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kenny Services 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:
Kenny Anda Name of Person
Kenny Services LLC Firm/Company
6921 Oakmore Lane
Orlando Florida 32818. City/State and Zip Code Clangri 2106 @ live.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
José Ayala at (407) 860-1200 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{25.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

FILED

ARTICLES OF ORGANIZATION

2813 JUL 22 PN 1: 40

	Or		SECRE FARY OF STATE.
Kennu	Services	LLC	TALLAHASSEE, FLORIDA
(Name of the Limited L (A F	iability Company a	as it now appears	on our records.)
1 A)	Torida Elimited Elao		
The Articles of Organization for this Limited Lia	bility Company we	ere filed on	2/26/13 and assigned
Florida document number <u>_13000029</u>	695.		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabilit	y company here:	:
TI AL PA' 11-11 1- 1- 1-11	.1 . 1 . 61 * 2	L'ATT C	" Al disconsisting of the control of
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company	y," the designation "LLC" or the aboreviation
Enter new principal offices address, if applical	ble:	6921 (Dakmore LN.
(Principal office address MUST BE A STREET	ADDRESS)	Orland	Jo, Fl. 32818
	-		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		
	_		
B. If amending the registered agent and/or	registered office	e address on ou	ir records, enter the name of the new
registered agent and/or the new registered offi			
Name of Name Desirate and Assess	1,	nsó A	1010
Name of New Registered Agent:	1001	1000 1 10	Jana .
New Registered Office Address:	6421 0	JULMOI	r Florida street address
	/ 2 1	•	- 410
	Url	ando City	, Florida <u>32818</u> Zip Code
New Registered Agent's Signature, if changing Re	gistered 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Agegistered Agent, Signature of New Registered Agent

Page 1 of

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	José Ayala	6921 Dakmore LN.	Add
	.	6921 Dakmore LN. Orlando, Fl. 32818.	Remove
			Add
			Remove
			— —
			L Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			
			Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	1 .
ated	July 17 2013.
	+
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

MIN JUL 22 PH 1: 40
SECRETARISE PLORIDA