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J. SAULSBERRY EXAMINER

AUG 0 6 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kensington York & Co., L.L.C. 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:
Frank P. Bianco, Esq.
Bianco & Mansfield, P.A.
8300 Massachusetts Ave.
New Port Richey, FL 34653
E-mail addless: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 8 43 -0097 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Kennsi	naton '	York a	6 Co. 1	20	٠.
(<u>Name of the Limited Li</u> (A Fl	ability Company as orida Limited Liabilit	t now appears on or y Company)	ur records.)	•	
The Articles of Organization for this Limited Liab Florida document number	ility Company were 104062	filed on 50	123,201	3 and assig	gned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the Lens The new name must be distinguishable and end with the "L.L.C."	sinator	York	d Co. Loe designation LLC	C" or the ab	<u>C</u> .
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET A	4DDRESS)		, 1 +	2013	
				1	1:,
Enter new mailing address, if applicable:			, 1 to 1 t	;-2 /	
(Mailing address MAY BE A POST OFFICE BO				 	
				<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ddress on our re	cords, <u>enter the</u>	name of	the new
Name of New Registered Agent:		. 			
New Registered Office Address:					
		Enter Flo	orida street addres	S.S	
			, Florida		
	Cit)		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 608, 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 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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Kemove
			Add
			Remove
			Ađd
			Remove AUG
			 J6 −2
			Add
			Remove
***************************************			Add
			Remove
			_
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
ated	7/30 , 13 .
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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