114000009040

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		. •		

Office Use Only



800296252018

03/13/17--01012--006 **25.00



S Warren MAR 1 5 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kevin McGarry L.L.C.			
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	now appears on our records.) y Company)	
he Articles of Organization for this Limited I	Liability Company were	filed on	and assigned
lorida document number	·	·	
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability c	ompany here:	
he new name must be distinguishable and contain the	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		npany," the designation "LLC" of	r the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
nter new mailing address, if applicable:	<u></u>		
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
	-		
. If amending the registered agent and egistered agent and/or the new registered of		address on our records, g	enter the name of the ne
	1 / 1	150	•
Name of New Registered Agent:	TEVIN	M GARRY	
New Registered Office Address:	118 Cp	Le Gever	A Reli
	ne scen	Enter Florida street address	. 32117/
)† Lug Florie	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

Title	<u>Name</u>	Address	Type of Action
MER	DANIEL W. YOUNESS	118 Lake Geneva Rd.	B Add
		·	□ Remove
			Change
			D Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
	,	(T)	Add Remove
		E. FLORIDA	Remove Since
			□ Remove
			□ Change
			□ Add
			C Remove
			□ Change

f`amending any other info	rmation, enter change(s) here: (Attach additional sheets,	if necessary.)
	t r	
· · · · · · · · · · · · · · · · · · ·		
lote: If the date inserted in the ocument's effective date on the	the date of filing: must be specific and cannot be prior to date of filing or more than 90 day is block does not meet the applicable statutory filing requirement the Department of State's records. The specific and cannot be prior to date of filing or more than 90 day is block does not meet the applicable statutory filing requirement the Department of State's records.	nts, this date will not be listed as
pated 2/13/2	0017	
9	Signature of a member or authorized representative of a member	
Daniel Youness	KEVIN M- GARRY Typed or printed name of signee	HAA 13 F
	Page 3 of 3	P 5: 00 OF STATE C. FLORIDA

Filing Fee: \$25.00