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COVER LETTER

TO:

TO: Registration So Division of Cor				
	gonia 2, LLC		v	
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Stephen M Kemp			
		Name of Person	71.	
	Kemp Mangonia 2, LLC			
	·	Firm/Company		
	1767 Hill Ave			
		Address		
	Mangonia Park, FL 33407	7		
		City/State and Zip Code		
	steve@kempsigns.net			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	offication)	
Stephen M. Kemp	,	561 840-6382		
Name o	f Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 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		Street Address: Registration S	Section	
Division of Corporations		~	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kemp Mangonia 2, LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabilit Florida document number 1.14000086613	y Company were filed on May 29	2014 and assigned	
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the l	limited liability company here:		
none			
he new name must be distinguishable and contain the words "	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	none		
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered and/or the new registered office address her	ered office address on our recor re:	نی بر ds, enter the name of the new register	
Name of New Registered Agent: nor	ne		
New Registered Office Address:	Enter Florida s.	trect address	
	City	Florida Zip Code	
Sew Registered Agent's Signature, if changing Regist	ered Agent:		
hereby accept the appointment as registered age provisions of all statutes relative to the proper an	-		

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, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Trina L Kemp	1767 Hill Avenue	≡ Add
		Mangonia Park, FL 33407	□Remove
			☐Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

none	
···	
(If an effective date is liste Note: If the date inser	the continuity of the date of filing:
the record specifies a delector is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	. 2019
	At .
	Signature of a member or authorized representative of a member
Stephen M	Kemp
	Typed or printed name of signee