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(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE BLOSELA

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COVER LETTER

TO: Registration Sec Division of Corp			y k ge		
SUBJECT:	RIDLEY WA	RREN L	<u>(C</u>		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
		Name of Person	NE	ARY	
	Ki	XEY WAS	RREN		
	4300	S. U.S. Hwy	1	SuiTE	203 2 22
	TuPM	City/State and Zip Code	_ 3	3477)
	E-mail address: (O TOK DY (co	GMA eport notification	il Com	١
For further information coi	ncerning this matter, please c	all:			
Li NDA Name of	NEA-RY Person	at (<u>561</u>)	627 Daytime Tele	245 phone Number	3_
		THE COME	rangement reac	priorie ratifica.	
Enclosed is a check for the	following amount:				
र्फिं ें\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)		Certified (e of Status &

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

KINEY WAR	REN 11C
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>4/5000/4-2592</u>	were filed on $8/20/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab $\frac{1}{l}$	
The new name must be distinguishable and contain the words "Limited Liabi	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the afforestation "L.L.C"
Enter new principal offices address, if applicable:	$\frac{N/A}{\sqrt{A}}$
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent: Lind	A NOARY
New Registered Office Address: 4300	S. US HWY CWE Enter Florida street address
Jupis	TER
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	GEORGE RUBB	451 S. JUNO (N JUNO BEACH FL 33	
			□ Remove
11 (0	Λ.		Change
MGR	LINDA NEARY		□ Add
			Remove
			Change
			Add
			Remove
		I ALLIANA	SECULIA Change
			Remove S. 57 Change
			Add
			☐ Remove

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an effect ote: If	e date, if other the live date is listed, the the date inserted i	date must be speci-	fic and can	not be prior to	date of filing	or more than 9	0 days after fil	ing.) Pursuant to 60 ate will not be lis)5.0201 sted as
	t's effective date of				ora brancory	gq		are will not be his	
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		_ hn	1/1/	9/1/	all	/	_		
		Signature	of a mem	ber or author	ized represent	ative of a mem	ber		
					<i>(</i> 1				

Page 3 of 3

Filing Fee: \$25.00