# 15000160236

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## **COVER LETTER**

TÔ: -	Registration Section
	Division of Corporations
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SUBJECT:

Kinovations, LL 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:

KEN Williamson Name of Person Kenouations LLC Firm/Company 314 Laureno Place Parama City Beach FL 3 XHB mark RRosengvist 9 gmail. com E-mail address: (to be used for tuture annual report notification)

For further information concerning this matter, please call:

at (<del>350</del>) <u>571-8224</u> Area Code Daytime Telephone Number Ken Williamson Name of Person

Enclosed is a check for the following amount:

\$25.00 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 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

Kenovation	ns, LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.)	ı
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{2/5000160236}{2}$	were filed on <u>9/21/2015</u> and ass	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	15	11_1
(Principal office address MUST BE A STREET ADDRESS)	N	12
	OF CUM	ED BHID
Enter new mailing address, if applicable:		<u>i</u> i i i
(Mailing address MAY BE A POST OFFICE BOX)		0 <b>4</b>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street add	ress
	, City	Florida

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

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MGR = Manager AMBR = Authorized Member

· · ·

<u>Title</u>	Name	Address	Type of Action
AMBR	Gerhard Bivens	314 Laureno Mace	Add
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 18 Suly 2017
Signature of a member or authorized representative of a member
KEN WILLIAMSON
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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