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TO:

Registration Section

COVER LETTER

Divi	ision of Cor	porations		
·	Kenlands I	Ouncan LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		Jorge M Castillo CPA		
			Name of Person	····
				क
		•	Firm/Company	E
		9190 Sunset Drive		16 FEB 29 111
		-	Address	
		Miami, FL 33173		
			City/State and Zip Code	
		jorge@castillo-cpa.com		
			to be used for future annual report noti	fication)
For further in	iformation c	oncerning this matter, please c	all:	
Jorge M Cas	tillo CPA		305 305-3562 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	ne following amount:		
■ \$25.00 F	iling 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kenlands Duncan LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L16000028270	any were filed on Feb 10, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	B 77
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		PH E.F.
Enter new mailing address, if applicable:		ù 0
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(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Floric	
	City	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
CoMgr	Leilani Duncan	9341 SW 62 St, Miami, FL 3317	3 <u>■</u> Add
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Typed or printed name of signee

Filing Fee: \$25.00