(Re	equestor's Name)	
( <b>A</b> d	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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APR 27 2016

S. YOUNG

## COVER LETTER "

Division of Con				
	TH CONVENIENCE, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	KEVIN KENEMUTH			
		Name of Person		
	KENEMUTH CONVENIE	ENCE, LLC		=1,0
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		市區
	4033 DUNDEE R D			<b>等</b>
	<del></del>	Address	<del>-</del>	26
	WINTER HAVEN, FL 33	884		16 APR 26 PH 3: 31
	KENEMUTH@YAHOO.C	City/State and Zip Code OM		<u> </u>
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	all:		
KEVIN KENEMUTH		863 307-7441		
Name (	of Person	at () Area Code Daytime	Telephone Number	_
Enclosed is a check for	the 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 F Certificate of Certified Copy (additional copy i	Status &
	LING ADDRESS: tration Section	STREET/COURIE Registration Section		

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Line Hills	- C	un vocavda )
(A Florida I	Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co Florida document number L16000058987	ompany were filed on $\frac{03/23/20}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.C.C"
Enter new principal offices address, if applicable:		五 圣帝
(Principal office address MUST BE A STREET ADDRE	ESS)	23 827
Enter new mailing address, if applicable:		FR 3: 3
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
		, Florida
•	City	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARC S KENEMUTH	2221 WEST CENTRAL AVE	
		WINTER HAVEN, FL. 33880	■ Remove
			☐ Change
			Add
			☐ Remove
			Ghange C
			APR Add
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ective date, if other than	the date of filing:		(optional)	
effective date is listed, the date	must be specific and cannot be is block does not meet the a	prior to date of filing or mo	re than 90 days after filing.) requirements, this date v	Pursuant to 605.6 will not be listed
	ne Department of State's rec		•	
record specifies a dela he 90th day after the	yed effective date, bu record is filed.	t not an effective ti	me, at 12:01 a.m. c	n the earlie
ed	12:00 1	'М		
		<u> </u>		

Page 3 of 3

Filing Fee: \$25.00