## 1600005785

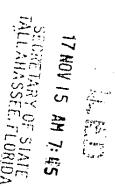
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



700305626007

11/15/17--01023--006 \*\*30.00



## **COVER LETTER**

TO: Registration Se Division of Cor			
Gary Kinne	ey Services LLC		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter (	to the following:	
	Gary Kinnety		
		Name of Person	<del></del>
	Gary Kinney Services LLC		
		Firm/Company	
	2132 King Richard Road		
		Address	<del></del>
	Melbourne, FL 32935		
		City/State and Zip Code	
	DADKINNEY@CFL.RR.C	OM to be used for future annual report noti	(action)
For further information of	concerning this matter, please ca	·	realion)
Gary Kinney		321 863-0516	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30,00 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

Gary Kinney Services LLC		
( <u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L16000065785	ompany were filed on 4/1/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		No.
(Principal office address MUST BE A STREET ADDRE	ESS)	7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	JEE. FLORIO	VIS AH 7:45
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d 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>	Address	Type of Action
AMBR	Joshua Kinney	2089 Trevino Circle	B Add
		Melbourne, FL 32925	Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
	#-MATERIAL		
			□ Remove
			☐ Change
			□ Add
			☐ Remove
		•	☐ Change
			Add
		·	□ Remove
			□ Change

	, ,								-
		<u></u>							_
									_
									_
			· · ·	<del>.</del>					_
	<del></del>								_
							<del></del>		_
		. =					٠		_
			<del>-</del> -				三字の	17	_
		<del></del>							_
		<del></del> .					AHAS		— ŧ.
							SSEEL F	5	fager.
	_	,				,	F.S.	3	— [** <u>}</u>
							ORID	<u>;;</u>	_ {,,
		· · · · · · · · · · · · · · · · · · ·	<u>-</u> »		<u> </u>		<b>5</b> m	ଧା	_
									_
									_
ective date, if other th	an the date of	filing:				(op)	tional)		
ective date, if other the effective date is listed, the date insert. I make	late must be speci	itic and can	not be prior	to date of fili	ng or more th	an 90 days aft	er filing.) Pursi	ant to 60	05.02 sted
ument's effective date of					y ming req	an ememo, n	ns dute will i	0.00	J.Cu ·
record specifies a d he 90th day after ਹ			e, but no	t an effec	tive time,	at 12:01	a.m. on th	ie ear	lier
ed November 9th		<u>,                                    </u>	017						
	// //	<i></i>		rized represor KINN e					

Page 3 of 3

Filing Fee: \$25.00