116000169779

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2016 SEP 23 P W 33

D. BRUCE SEP 26 2016

COVER LETTER

TO: Registration Division of C				
subject: K	ennth E Fry	IE LLC	<i>v,</i> 3	
	Name of Limit	ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.		
Please return all corres	spondence concerning this matter to	o the following:		
	Kenneth	E Fry C Name of Person		
	Kennth E	Fye LLC Jirm/Company		
	4570 Mott.	Address		
	milton FL	32583 City/State and Zip Code		2016 51
	Kenneth try E-mail address: (A	1 e 1985	Othication)	7016 SEP 23
For further information	n concerning this matter, please cal	11 :		
Kenneth Nam	Fry C e of Person	at (850) 850 Area Code Days	-549-6055.	
Enclosed is a check for	r the following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Section 100 Sectio	of Status & opy

MAILING ADDRESS:

TO:

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

TO ARTICLES OF ORGANIZATION OF

KENNTH EFRYE LL	_
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L16000169779</u> .	were filed on 9/12/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
KENNETH E FRYE LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4440 Stace y Cr
(Principal office address MUST BE A STREET ADDRESS)	milton FL 32583
Enter new mailing address, if applicable:	4440 Stacey Cr
(Mailing address MAY BE A POST OFFICE BOX)	Milton Fl 32585
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Ã.: 2
	Enter Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Gode
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager · AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
	- Mary Control		□ Add
			□ Remove
			□ Add
			□ Remove
			Change
			☐ Add
			Remove
			Change Add
			□ Remove
			Change
			Add
			Remove
		•	□ Change

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	<u>"</u>
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier of:
Dated $9 21 16$, 2016 .	
Signature of a member or authorized representative of a member	
Kenneth E FWP Typed or printed name of signee	

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Filing Fee: \$25.00