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## **COVER LETTER**

	Registration Sec Division of Corp					
SUBJEC'		ncial Services, LLC				
SCRIEC	'	Name of Lim	ned Liability Company			
		Amendment and fee(s) are sub				
Please reti	urn all correspor	ndence concerning this matter	to the following:			
		Lakeisha Kinsey				
			Name of Person			
		Kinsey Financial Services,	LLC			
		101 Century 21 Drive Suite	Firm/Company a 101		2018	-11
		Jacksonville, Florida 3221	Address 46		TALLAHASSELATLONION	T TO
		lakeisha.kinsey@aol.com	City/State and Zip Code		PO	
For further	r information co	E-mail address: ( oncerning this matter, please ca	to be used for future annual report noti all:	ification)	24	
Lakeisha	Kinsey		904 770-9633			
	Name of	Person	Area Code Daytim	ne Telephone Number		
Enclosed	is a check for th	e following amount:				
□ <b>\$</b> 25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266) Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kinsey Financial Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 12/08/2016	and assigned
Florida document number L16000222692		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liab	ility company here:	
Kinsey Enterprises Group, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	101 Century 21 Drive Suite 101	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32216	
Enter new mailing address, if applicable:	9745 Touchton Road Unit 3005	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32246	
	<u> </u>	2019
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		11
registered agent and/or the new registered office address her	<u>e</u> . (	22 17
Name of New Registered Agent:	1	
New Registered Office Address:	Enter Florida street address	10 2 L
		77
	, Florida	Zin 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

Title	<u>Name</u>	Address	Type of Action
			□ Кеточе
			Change
			□ Add
			□ Remove
			Change
			C Remove
			☐ Change
			Change  Remove
			. I hance
			0210 Prod
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

O1/02/2019  Effective date, if other than the date of filing:  (optional)  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 we document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of The 90th day after the record is filled.	
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The 90th day after the record is filed.  Dated  The 90th day after the record is filed.	
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Signature of a tiember or authorized representative of a member	

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Filing Fee: \$25.00