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K. SALY MAR - 6 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: KENG	KY QUALITY FIBE Name of Lim	FRGLASS BOAT REPAIL ited Liability Company	r uc
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	KEN6	Name of Person	
	٠.	Name of Person	rson FL 33713 ip Code e annual report notification) Daytime Telephone Number Topy Solution Status & Copy Daytime Telephone Status & Copy Certificate of Status & Copy
		Firm/Company	
	4300 3844	AVE NO	
	ST PETERS	BURG FL 33713 City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	I
KENG KY	Person	at (727) 254 - Area Code Daytime	
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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**

2017 MAR -3 PM 3: 06

KENG KY QUAUTY FIBERGLASS BOAT

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on Feb 06, 2017	
Florida document number L 7000029533.	(
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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>	
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:	<i>1 /</i> *	
New Registered Office Address:	Enter Florida street address	
	, Florida _	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I housely appear the appointment or posistand again and age	need to got in this connective I further o	area to comply with the

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	ed to manage	, enter the	<u>title, name,</u>	and address	of each	person	being ac	<u>dded</u>
or removed from our records:								

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	KENG KY	4300 3844 AVE N STPETE FL 33713	X Add
			☐ Remove
			Change
AMBR	CINDY HOUL		□ Add
			Remove
		- "	Change
AMBR	BRIAN HOUL		Add
			□ Remove
			Change
			Add
			Remove 701 Change Change
			Remove Remove Remove Change
			☐ Remove
			☐ Change

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	To the second se
	32
	<u> </u>

Note:	ive date, if other than the date of filing:
Çun	tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 0
	February 27, 2017.
	- EBICONO ZI
	February 27 , 2017
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00