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S. WARREN 'JUN 2 1 2017

# **COVER LETTER**

Division of Corporations
SUBJECT: Darry Kennedy Orine Inspectors LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Regina Buckley Name of Person
KAB BOOKKEEDING + Tax Service
1055. Palm Ave
THUSMILE FL 32796 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rayra Buckley at (321) 267-2111  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

### MAILING ADDRESS:

TO: Registration Section

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

Lynny Kennedy Name of the Limite	A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 3/20/17 and assigned 3456.
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent: New Registered Office Address:	Regina Buckley 605 5. Palm Aye Enter Florida street address
	The Shile Florida 32796  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 decument is being filed to merely reflect a change in the registered office address. Thereby 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 Address Type of Action Title Regina Buckley 1600 Garden St. 0 Add TITUSHILE FI 32796 \*Remove ☐ Change 11000 Garden St. XAdd MGR Dannykennedy Titusville fl 32796 ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if no	rcessary.)
	<del>-</del>
Effective date, if other than the date of filing: 32017 (of the effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	fter filing.) Pursuant to 605.0207
the record specifies a delayed effective date, but not an effective time, at 12:0 ) The 90th day after the record is filed.	1 a.m. on the earlier of
Dated June 15 John Signature of a member or authorized representative of a member	17 JL
Reginal Buckles  Typed or printed name of signee	F1L&D 120 Ph 1
Page 3 of 3	4: 02 STATE LORIDA

Filing Fee: \$25.00