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(R	equestor's Name)
(A	ddress)
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(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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Office Use Only



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06/05/17--01025--013 **25.00



COVER LETTER

TO: Registration Se Division of Cor		ý.	
SUBJECT:	ANGE OF Membe	er Officer + Art ited Liability Company	ncles of Incorporation
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		BATANSKY Name of Person	
	Kenlik Me	Firm/Company	
	<u>6032</u> B	Address Onive	——————————————————————————————————————
		Seach, FL 3343 City/State and Zip Code	
	J B ATANS I	LY @ C-MA; L. COM to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
JASON B Name o	A TANSKY f Person	at (267) 230-7 Area Code Daytime	3 Y / Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 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

<u>Kenlik</u>	nedia LLC		
(Name o	f the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
he Articles of Organization for this L	imited Liability Company were filed on	4-10-2017	and assigned
his amendment is submitted to amen			
	name of the limited liability company	<u>here</u> :	
he new name must be distinguishable and co	entain the words "Limited Liability Company," the	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address,	if applicable:		
Principal office address MUST BE A	STREET ADDRESS)		
Enter new mailing address, if applic Mailing address MAY BE A POST O			
If amending the registered age	ent and/or registered office address o stered office address here:	on our records, enter	the name of the
			7
Name of New Registered Age	<u></u>		S = 1
New Registered Office Addre		lorida street address	5 5
		. Florida	No.
	City	No.	Zipf Code
lew Registered Agent's Signature, if ch	nanging Registered Agent:		٠, ٣١

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 by removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JASON BATANSKY	6032 BAY Isles DRIVE	Add
		Boynton Beach, FL 33437	□ Remove
			Change
			Add
			D Remove
			Change
		***************************************	🗆 Add
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		<u></u>	Change
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			П Change

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		a delayed effe er the record is		ate, but no	ot an effe	ctive tim	e, at 12:	01 a.m	ı. on th	ne ear	liei
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d	MAY	_31	,	2017	·						
	Jak	un Betan									
	- 1	Signa	ture of a m	ember or auth	orized repre	sentative of	member				

Page 3 of 3

Filing Fee: \$25.00