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(Re	equestor's Name)	<del></del>
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(Bu	usiness Entity Nam	ne)
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SECRETARY OF STATE

M. MILLIGAN MAR 2 0 2018 March 14, 2018

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find the attached cover letter and check for \$ 25.00. I am changing the name of my company from WICKLUND SERVICES, L.L.C. to KENNY'S KUSTOM WORKS, L.L.C.

If you have any questions, you can reach me at 386.527.9116 or at my mailing address below:

Kenneth Wicklund 1003 Conrad Drive New Smyrna Beach, FL 32168

My EIN number is 82-3501519

Thank,you,

Kenneth R. Wicklund

## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	Kanny's Ku	STOM WORKS, L.	CKLUND  rson  Works, L.L.C.  Pany  CONRAD DR.  BLACH, FL 32/6B  dip Code  RR. COM  e annual report notification)  Daytime Telephone Number  Ing Fee &  Copy  Certificate of Status &
The enclosed Articles of	Amendment and fee(s) are sub	RELIENT'S KUSTOM WORKS, L.L.C.  Name of Limited Liability Company  endment and fee(s) are submitted for filing.  Ince concerning this matter to the following:  KENNETH WICKLUND  Name of Person  KUNNY'S KUSTOM WORKS, L.L.C.  Firm/Company  LOO3 LAMARO CONRAP DR.  Address  New Smyrnn Beach, Fl 32/16B  City/State and Zip Code  IMUA & CfL. RR. COM  E-mail address: (to be used for future annual report notification)  errning this matter, please call:  Wicklund  at (386)  Area Code  Daytime Telephone Number  Sollowing amount:  Cl \$30.00 Filling Fee & \$55.00 Filling Fee & \$60.00 Filling Fee,	
Please return all correspo	ondence concerning this matter	to the following:	
	Kenn	VETH WICKLUND	
		Name of Person	<del></del>
	Kenny's	Kustom Works	L.L.C.
	1003	CONRA CONRA	D DR.
		71001000	
	New 3	SMYRNA BEACH, E	I 32168
	•	City/State and Zip Code	
	/MUQ	to be used for future annual report potific	ation)
For further information c	concerning this matter, please ca	·	with
Kennet	H WICKLUND	at (386) 527	9116
Name o	of Person	Area Code Daytime	Celephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	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

Wickli	IND SERVICES
( <u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
	ity Company were filed on NOVEMBLE 17th, and Signed
This amendment is submitted to amend the followin	g:
A. If amending name, enter the new name of the	limited liability company here:
Kenny's Kus	FOM WORKS, ME L.L.C.
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	-
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> <u>address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida

### 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			Add
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' amici	ding any other information, enter change(s) here: (Attach additional sheets, if n	ecessus y	••)	
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an effe lote: I locume	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a f the date inserted in this block does not meet the applicable statutory filing requirements, nt's effective date on the Department of State's records.	this date	will not	be listed as
	ord specifies a delayed effective date, but not an effective time, at 12:0 on the day after the record is filed.	1 a.m. (	on the	earlier of
ated _	20/20x 4/15 2018			
	Thut I wil	IA.	S : 2	2
	Signature of a member or authorized representative of a member	A	2 Z	
	KENNLTH WICKLUND Typed or printed name of signee	ASSE	1 X	
	Typed or printed name of signee	100	<u>. 0</u> .x.	<del> </del>
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	Page 3 of 3	<u>9</u> 6	Ň	

Filing Fee: \$25.00