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(Req	uestor's Name)	
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COVER LETTER

TO:

	ERVICE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: ZAMBRANO, NEIRA V Name of Person KE&NZ SERVICE, LLC Firm/Company 2861 SUNSTONE DR Address KISSIMMEE, FL 34758 Gity/State and Zip Code neirazservices@gmail.com E-mail address: (to be used for future annual report notification) rither information concerning this matter, please call: BRANO, NEIRA V Name of Person T86 603-5488 Atea Code Daytine Telephone Number		
	ZAMBRANO, NEIRA V		
		Name of Person	
	KE&NZ SERVICE, ELC		
		Firm/Company	
	2861 SUNSTONE DR		
		Address	,
	KISSIMMEE, FL 34758		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
ZAMBRANO, NEIRA V	i		
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
			etion
P.O. Box 632	2.7	The Centre of T	allahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KE&NZ SERVICE, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liab		were filed on 12/11/2017	and assigned
Florida document number L17000252506	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
KE&NZ SERVICES, LLC			
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
		N/A	
		>:/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
		N/A	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	N/A	address on our records, <u>ent</u>	er the name of the new regi
New Registered Office Address:	N/A		
		Enter Florida street addr	an
	N/A	1	Florida
		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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
			□ Remove
			□ Change
			□Add
			⊟Remove
			Change
			∐Remove
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N/A		
		
		
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	ist be specific and cannot be prior to date of filing or more than 90 days after filin	g.) Pursuant to 605,0207
Note: If the date inserted in this blocument's effective date on the l	lock does not meet the applicable statutory filing requirements, this day Department of State's records.	te will not be listed as
	·	
record specifies a delayed effect	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
d is filed		
A LIZYLIUT 10	2021	
Dated	2021	
\cap	$\gamma(\lambda e_{z})$	
<u> </u>	rignalure of a member or authorized representative of a member	
0	V	

Filing Fee: \$25.00