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COVER LETTER

| TO: Registration Section Division of Corporations |
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| SUBJECT: Subject Subje |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Delbert Kenneth Marghan |
| Jenn's Place LLC |
| 7200 Shoves Trail |
| Port It Piece , FL 3495R |
| Division of Corporations CT: All All All Company Rosed Articles of Amendment and fee(s) are submitted for filing. Setum all correspondence concerning this matter to the following: Division of Person Setum all correspondence concerning this matter to the following: Division of Corporations Name of Person Setum All Company Part of City/State and Zip Code The Black SS of Almark Company Setum all address: (to be used for future annual report notification) er information concerning this matter, please call: Setum All All Code Name of Person Area Code Daytime Telephone Number is a check for the following amount: Of Filing Fee Certificate of Status & Certified Copy Certificate Of Status & Certified Copy Certified Copy Certified Copy |
| For further information concerning this matter, please call: |
| Delbert Kinnth Mayhen at 170, 409-7861 |
| Enclosed is a check for the following amount: |
| Certificate of Status Certified Copy Certificate of Status & |

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

| Kenn's Hace | LLC | | |
|---|--|---------------|---------------|
| (Name of the Limited Liability Company | y as it now appears on our records.) | | |
| (Name of the Limited Liability Company is now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Cifical Colf. For \$\frac{1}{2}\$ and assigned Florida document number \$\frac{1}{2}\$ [10000084754]. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | | |
| Enter new principal offices address, if applicable: | y Company," the designation "LLC" or the abbi | reviation "L. | L.C." |
| | | AY 21 | RETAR OF O |
| | | AM II: TIS | LO SIAIL |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, <u>enter t</u> : | he name | of the new |
| Name of New Registered Agent: | · . | | |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | Zip Code | |
| | 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 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

| <u>Title</u> | Name | Address / | Type of Action |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or not be force. If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records. | nore than 90 days after filing.) Pursuant to 60 | 5.0201 ted as |
| e record specifies a delayed effective date, but not an effective to the 90th day after the record is filed. | time, at 12:01 a.m. on the earli | ier o |
| ated May 17 2018 Deller Tenneth Massignature of almember or authorized representative | y hour | |
| Signature of amember of authorized representative | of a member | |
| DELBERT KENDETH MAYH | | |

Page 3 of 3

Filing Fee: \$25.00