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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		1.
		7/15

Office Use Only

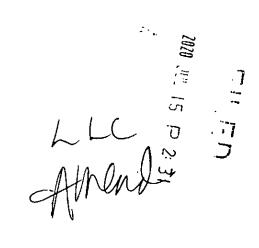
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2020

ALEXANDRA LOZANO 8305 W ATLANTIC BLVD CORAL SPRINGS, FL 33071

SUBJECT: KENNETH'S BOAT REPAIR, LLC

Ref. Number: L18000113820

We have received your document for KENNETH'S BOAT REPAIR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Letter Number: 920A00012389

Cheryl R McNair Regulatory Specialist II

7378.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KENNETH'S BOAT REPAIR, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALEXANDRA LOZANO Name of Person
Firm/Company
8305 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
ALEXANDRA LOZANO al 954 , ZZ4 - Z348
ALEXANDRA LOZANO at (954) ZZA - Z348 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENNETHIS	BOAT REPA	FIR, LLC			
(A F	ability Company as it now a orida Limited Liability Com	appears on our re pany)	ecorus.)		
The Articles of Organization for this Limited Liabil Florida document number <u>4180001138</u> 3		on <u>05-0</u>	7-2018	_ and assi	gned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability compa	<u>nv here</u> :			
The new name must be distinguishable and contain the words	"Limited Liability Company.	" the designation	"LLC" or the abbrev	viation "L.I.	C."
Enter new principal offices address, if applicable	<u></u>				
(Principal office address MUST BE A STREET A.	DDRESS)		·	207	
				1 3	<u>. 1</u>
				i=	
Enter new mailing address, if applicable:				15	
(Mailing address MAY BE A POST OFFICE BOX	Q			T	1_
	-			?	
				3	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		our records, <u>e</u>	nter the name o	f the new	registered
Name of New Registered Agent:					
New Registered Office Address:		_			
	Ent	er Florida street a	address		
_			_, 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 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>	<u>Name</u>	Address	Type of Action
MGR	ZULMA J CRUZ	8ZZ SW 8th AVE	 X Add
		HALLANDOLE BEACH	□Remove
		FL 33009	Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
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D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u> -	
	
(If an effective <u>Note:</u> If the	ate, if other than the date of filing:
ecord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/13/5020 The same of a member or authorized representative of a member
-	Signature of a member or authorized representative of a member
_	Typed or printed name of signee

Filing Fee: \$25.00