Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003813413)))



H200003813413ABCW

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FRANK, WEINBERG, BLACK, P.L.

Account Number : 120040000083

Phone

: (954)474-8000

Fax Number

: (954)474-8860

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* \*\*\*

V-3 AH €

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KENNEDY TRADITIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MINOV-3 AMILIE

Electronic Filing Menu

Corporate Filing Menu

NOV () , 2020 Help

# H200003813413 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### KENNEDY TRADITIONS, LLC.

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on August 30, 2018	and assigned
Florida document number L18000208230		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		20
nter new mailing address, if applicable:		
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		¥0.
If amending the registered agent and/or registered office	iddress on our records, enter th	ta name of the name recister.
ent and/or the new registered office address here:	the state of the s	et manie of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Ztp 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	
The state of the Registered Agent	

## H200003813413

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
MGR	Executive Traditional Holdings, LLC	2500 Weston Road #311	
			=Remove
		Weston, FL 33331	Change
AMBR	Executive Traditional Holdings, LLC	2500 Weston Road #311	<b>=</b> Add
			□Remove
		Weston, FL 33331	□ Change
			□Remove
•			(1) Change
<del></del>			DAdd
			□Remove
			□Change
			Remove
			□ Change
			bbACl
			□ Remove
			Change

### H200003813413

Effective date, if other than the date of filing:  ((file a effective date, if other than the date of filing:  ((file a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 665 0.007 (Color, 187).  ((file a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 665 0.007 (Color, 187).  ((file a effective date is listed, the date of filing or more than 90 days after filing.) Pursuant to 665 0.007 (Color, 187).  ((file a effective date is listed, the date of filing.)  ((file a effective date) the date of filing.  ((file a ef		mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ne record specifies 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  November 2  Signature of a stember of authorized representative of a member		
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Dated November 2 2020  Signature of a member or authorized representative of a member	_	
Dated November 2 2020 Signature of a member of authorized representative of a member	Mectiv Fan elfo Note: 1 Jocume	re date, if other than the date of filing:  tive date is listed, the date must be specific and carnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the affective date on the Department of State's records.
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Filing Fee: \$25.00