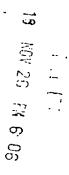
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Le	ndall Sells Name of Limit	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Lenda	Name of Person	
	Kendal	Sells, LLC Firm/Company	
	7140 NW	10th Ct. Address	
	Plantation	City/State and Zip Code Sell Quahoo. Cop be used for future annual report notificate	3
	Kendallbuy E-mail address: (to	Sell Q yahoo. Cop be used for future annual report notificat	M tion)
For further information con	cerning this matter, please cal	II:	
Kendall Name of P	Sharpe Person	at (305) 7-10 - Area Code Daytime To	519/
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fcc	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

<u>Kendall Se</u>	(Is, LLC.	
(<u>Name of the Lim</u>	nited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	and assigned
Florida document number <u>L18000229</u>	1704	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here	; â
The new name must be distinguishable and contain the	words "I imited I inhility Company" the desi	
The new hame must be disanguishable and contain the	words Emmed Elability Company, the desi	
Enter new principal offices address, if appl	icable:	25 -
(Principal office address MUST BE A STRE	EET ADDRESS)	<u> </u>
		<u> </u>
		06
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered		our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	Northwest Region	stered Agent, LLC.
New Registered Office Address:	3030 N. Rodcy Po	int Dr. Sk 150A
	Tampa Cin	, Florida <u>33607</u> Zip Code
Now Designated Assets Cinematers If the section	Desired Association	·

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	Kendall Sharpe	7140 NW 1042 Ct. Plantation +	33313 Z Add
			□ Remove
			Change
			🗆 Add
			<u></u> ☐ Remove
			Change
			Add
			o; □Remove
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			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces-	essary.)
	
	
	
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E. Effective date, if other than the date of filing:	filing.) Pursuant to 605.0207 (3)(t
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a (b) The 90th day after the record is filed.	a.m. on the earlier of:
Dated Navember 20, 2018	
Signature of a member or authorized representative of a member	
Kendall Sharpe Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00