## 19000245962

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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D CUSHING

## COVER LETTER

` TO: Registration So Division of Cor		ı	
SUBJECT: KCN	Name of Limit	ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zackary Kennedy's 5419 Ma Punta Ga Michaela	Name of Person  SURLING & FICION  Firm/Company  Address  MARIT DV  Address  City/State and Zip Code  Kenntay 086	SECRETARY OF STATE TALLAHASSEE, FL  2 mail Com
For further information of	encerning this matter, please ca	to be used for future annual report notification	in) \( \sigma \)
20CLOVY Name o	Kennedy FPerson	at (141) SSS - Daytime Tele	SS39
Enclosed is a check for the S25.00 Filing Fee	he following amount:   \$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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krntdy'S Screens & Enllo Sures
(Name of the Limited Liability Company as It now appears on our records.)

(ATIO	ida Elimica Elabinity Company)	30 G	<b>E</b>
The Articles of Organization for this Limited Liability	Company were filed on	@ P106/08/P	d assigned
Florida document number _ L 19000 245	6962	건공	5
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company." the d	designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:			
		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<del>                                     </del>
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:  New Pariety of Office Address:		cevers, <u>career the manie of the</u>	
New Registered Office Address:	Enter Flor	rida street address	
	, Florida		
	City	Zip (	ode
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of agent as provided for in ( cred office address, I heret	my duties, and I am familia Chapter 605, F.S. Or, if this	r with and document is
	If Changing Registered Ag	ent, Signature of New Registered	Agent

If amending or removed	Authorized Pe from our recor	rson(s) authorized to mana <u>ds</u> :	age, <u>enter the t</u>	itle, name, and address	of each person being added
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name		Address		Type of Action
MGR	TOdd	Anderson Jr	2615 PUNTA	Myrtle m. Goraa 3	10 82 DAD
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
T WOULD LIKE 10 PROPERTY TOUCH	
av Cur Common V	
Ut our corribary.	
E. Effective date, if other than the date of filing:  (If an 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	07 (3)(b) as the
If the 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 record is filed.	ie
Dated MUrch 22, 2021.	
Signature of a member or authorized representative of a member	
ZACKAY KTNHCAY Typed or printed name of signee	