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(F	Requestor's Name)
(F	Address)
(F	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
<u> </u>	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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JUN 1 7 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kinetic Mchilty 360 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:
Kayleen J Martin Name of Person
Kinetic Mobility 360, LLC
3586 Pareside Drive
City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
Kayleen Martin at (954) 258-9181 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

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

L. 2/6 11/	2020 July - 1 AH 10: 16
panyas it now appears on our record Napility Company)	<u>ls.</u>)
ny were filed on 05.012	and assigned
bility company here:	
pility Company," the designation "LLC	" or the abbreviation "L.L.C."
address on our records, <u>enter</u>	the name of the new registered
Enter Florida street addres	<u> </u>
, Flo	orida
	bility company here: bility Company," the designation "LLC address on our records, enter Enter Florida street address. Florida street address.

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
MER	James J Martin	13845 SW 40th Sticet	DAdd
		Davie, FL 33330	ARemove
		3586 Parkskle Prive	□Change
111ER	Kayleen J Martin	Davie, FL 33328	/ZI/\dd
			□Change
			□Add
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		·	□Change
	-		□Remove
			□Change
			🗆 Add
			□Remove
			☐Change

(optional) or to date of filing or more than 90 days after filing.) Pursuant to 60 licable statutory filing requirements, this date will not be lists.
time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
2. /
thorized representative of a member
Kadleen Martin ILLC Mem Der

Filing Fee: \$25.00