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COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	ст: <u>ҚЕУНГ</u>	<u>KeN-FIXE</u> Name of Lim	D-Your-House- ited Liability Company	RIGHT LLC
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	dence concerning this matter	to the following:	
			EDWANDS J	
		Ken-FIX	ed - Your - House	- Right
			7 Iddi Caa	1 SUIte# 103
		ORLANDO Kenneyed	City/State and Zip Code WAND ED KFY F to be used for future annual report notific	LC. COM
For furth		seerning this matter, please ea		
<u>ke</u>	NN EFF Name of F	EDWARD Person	\(\frac{370}{\text{Area Code}} \) \(\frac{284-}{\text{Daytime T}} \)	4601 Telephone Number
Enclosed	l is a check for the	following amount:		
Ū √\$25.	00 Filing Fee	☐ \$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 Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S	orations Hahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 ATG 17 PH 7: 39

The Articles of Organization for this Limited Liability Company were filed on $J_{U/Y} = 27, 2020$ and assigned Florida document number <u>L 2000 22 00 49</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: KENNETH EDWARDS Jr Name of New Registered Agent: New Registered Office Address: Enter 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>	Name /	Address: 220 AUG 17 PH 7: 39	Type of Action
AMBR	KENNETH Edward	Address 520 AUG 17 PH 7:39	way Add 03
			□Remove
			□ Change
owner	KENNETH EdWARds	2381 Fort Thomas way	/03/Add
			□Remove
			□Change
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	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 It meet the applicable statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but n s filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed August 12	. 2020
1/ For Column	
In Fortuna	a member or authorized representative of a member

Filing Fee: \$25.00