L20000238850

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HOR	NE
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SECRETARY OF STATE
TALLAHASSEE, FEO.

COVER LETTER

TO: Registration So Division of Cor				
Icon Energ				
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling		
	ondence concerning this matter			
	Jenny Countz			
		Name of Person		
	ZenBusiness Inc.			
		Firm/Company		
	336 E College Ave., Ste 30)		
		Address	-	
	Tallahassee, FL 32301			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information c	concerning this matter, please c	alt;		
Jenny Countz		844 493-6249		
Name o	d Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$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 tadditional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration So	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 6327 Tallahassee, Fl. 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Icon Energy, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/07/2020}{}$ Florida document number $\frac{L20000238850}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kin Home LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __ Cin

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			[]Change

Note: If the date inser	ther than the date of filing:
e record specifies a del rd is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 16	. 2022
/s/ Austir	
	Signature of a member or authorized representative of a member
Austin Elki	ins
	Typed or printed name of signee