LZ0000337581

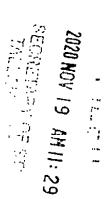
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300355240053

11/19/30--01014--015 ++35



JA 12/22/20

Division of Corporatio	ns	
SUBJECT: C	n'S LLC	
	Name of Limited Liability Company	
The enclosed Articles of Amendr	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Kenneth Maulden Name of Person	
	Firm/Company	
3	95) Fern Barrow Rd. Address	
	restrich, FL 32539 City/State and Zip Code	
_\	E-mail address: (to be used for future aunual report notification)	
For further information concerning	ng this matter, please call:	
Kenneth A Name of Person	Maulden at (850) 543-5775 Area Code Daytime Telephone Number	
Enclosed is a check for the follow	ving amount:	
	Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate Of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enclosed)	us &
Mailing Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Ken	S LL	`		
(Name of the Limite	d Liability Compar A Florida Limited L	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L. 2.000033</u>	<u> 2581</u> .	were filed on	10/23/202	and assigne
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of				
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the des	ignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			22
Enter new mailing address, if applicable:				19 119
(Mailing address MAY BE A POST OFFICE B	<u>20X)</u>			9 3 5
			·	<u> </u>
B. If amending the registered agent and/or re agent and/or the new registered office address		ddress on our rec	cords, <u>enter the name</u>	e of the new reg
Name of New Registered Agent:	_N/A			
New Registered Office Address:				
		Enter Floria	la street address	
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	onistarad Aganti	Cuiv		лр Сойе
New Registered Agent's Signature, it changing Ri	egisteren Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wiprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed tre	om our records:		
MGR = Man AMBR = Aut	ager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	KennethMaulder	395) Fern Barrow Rd. Crest View, F 32539	L) Add
		•	□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove

____ Change

 _	NA
	
(If an effective dat Note: If the dat	e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ective date on the Department of State's records.
the record specificant is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11/16.2020.
	Signature of a member or authorized representative of a member
	organiture of a memori of authorized representative of a memori

Filing Fee: \$25.00