Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KENNEDY COINS LLC

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Electronic Filing Menu

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Help

p.Z

H210002261243

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENNEDY COINS LLC		
(Name of the Limited L	ny as it now anneurs on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000233660		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
KENNEDY RETIREMENT LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "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 agent and/or the new registered office address here:	address on our records, enter the name q_{y}^{ij}	e of the new registered
Name of New Registered Agent:		754 - F
New Registered Office Address:	Enter Florida street address	SEE FLI
	City	ZZp Code
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

H 21000226124 3

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				
Title	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remove	
			DChange	
			□Add	
			□Remove	
			Add	
		□Remove		
		<u></u>		
		□Remove		
			□Change	
			DAdd	
		□ Remove		
			☐ Change	
			□Add	
		□ Remove		
			□Change	

H21 0002261243 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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.

Scott Kennedy
Typed or printed name of signce

Scott Kennedy Signature of a member or authorized representative of a member

Dated ____ MAY 28