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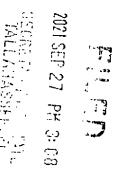
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations							
subject: <u>  Kevi</u> a	no Services	LLC						
	Name of Limi	ited Liability Company						
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.						
·	ndence concerning this matter							
•.	_ Kevin Sin	tyraves JR Name of Person	<del> </del>					
	Keviono Serv	ices LLC Firm/Company						
	6343 Fox He	Now ct						
	Hampton, FL. 3	City/State and Zip Code		20 S:				
	Levin Sityraves	City/State and Zip Code  60 9mail - Com  to be used for future annual report notif	ication)	ZI SEP ZI SEP				
For further information c	oncerning this matter, please co	aļļ:		27				
Their Sityra	1es JR	at ( <u><b>3</b>04</u> ) <u>967 - C</u>	) J.5.J. (V.) Telephone Number-13	2021 SEP 27 PM 3: 0	~			
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Enclosed is a check for th	ne following amount:							
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Cop (additional copy	l'Status & py				
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction					
Division of C		Division of Corporations						
P.O. Box 632	17	The Centre of T	allahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(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 regic
s. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, enter the	The Post of the Po
		SEP 7
Name of New Registered Agent:		A 2
New Registered Office Address:		P M
New Registered Wither Mudiess.	Enter Florida street address	<u> </u>
	. Florid:	
<del></del>	City	Zip 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 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** Name **Address** Type of Action Nicole Hayden 6343 Fox Hollow ct Hangton FL 31044 Add AMBB Remove Kevin Sitgraves Jr. 6343 Fox Hollow Ct. DAdd

Hampton, FL 32044 DRemove \_\_\_\_\_ Change Remove \_\_\_\_ Change \_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_ □Add \_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_\_\_ □ Remove

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