LZ1000399985

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	· · · ·
(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		ì
		ļ

Office Use Only



800376040738

11/03/21--01024--008 **25.00



C. BRUMBLEY NOV 29 2021

COVER LETTER

EAP

TO:

Registration Section Division of Corporations

SUBJECT: KENNEDY MARKSEN ENTERPRISES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Corporat	e Maintenance Lead	
	Proce	ssing Department	
	14	Firm/Company 150 Vassar St	
	F	Reno, NV 89502	
	returndo E-mail address: (to	City/State and Zip Code OCS@incauthority.com be used for future annual report notific	ation)
For further information con-	cerning this matter, please cal	i:	
Processir	g Department	at (800) 638-2320 Daytime	Telephone Number
Enclosed is a check for the	following amount:		☐ \$60.00 Filing Fee.
	☐ \$30.00 Filing Fce & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KENNEDY MAR	KSEN ENTERPRISES LLC	
(A Florida L.	KSEN ENTERPRISES, LLC Company as it now appears on our record and ited Cability Company)	5.)
The Articles of Organization for this Limited Liability Con Florida document number L21000399985		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L. I. C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	- - - 1
		22 1
		55-4 ™
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, on being the seconds of the second of t	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ła
New Registered Agent's Signature, if changing Registered Age	Citv	Zip Code
I have her a series of the ser	nt:	

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			П Rстюче
			Change
			D Add
			□ Remove
			Change
			□ Remove
			☐ Change
			D Add
			Change
	 	Add	
		□ Remove	
			Change
			□ Add
			□ Remove
			□ Changa

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
-	
_	
-	
-	
Note	tive date, if other than the date of filing: [Tective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the ro b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	November 11 2021
	Signature of a member or authorized representative of a member
	Sara Coleman
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00