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(Document Number)
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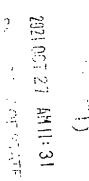
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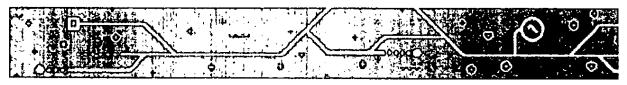
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## zenbusiness

Oct 26, 2021

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Kinnick & Associates LLC

To Whom It May Concern:

Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u> for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkerest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Kelly Castro ZenBusiness Customer Success

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

Kinnick & Associates LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.21000455828}{1.21000455828}$ .	pany were filed on 10/19/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
,		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u> i	ne of the new registere
		001
Name of New Registered Agent:	····	<del>- ro</del>
New Registered Office Address:		
	Enter Florida street address	出きの
	Florida	<u> </u>
	City	Zip Col

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. Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephen T Beach	3420 Riviera Lakes Court	
		Bouita Springs, FL 34134-2660	□Remove
			<b>=</b> Change
			□Add
			□Remove
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fective date, if other than the date of filing:		<del></del>				<u> </u>	
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	ted October 26		2021	·			
Signature of a member or authorized representative of a member							
	Is/Step	ohen T Beach	· · · · · · · · · · · · · · · · · · ·				

Filing Fee: \$25.00