

L220000015377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

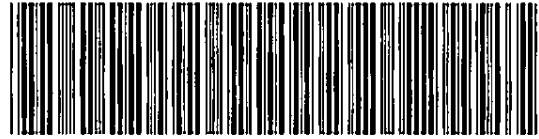
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/22--01026--005 **50.00

FILED
2022 MAR 23 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FL

Nancy
chg

MAR 24 2022

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Current: Kenny Potts LLC changing to: Kenneth Potts 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:

Kenneth W. Potts
Name of Person

Firm/Company

1215 NE 2nd Place
Address

Cape Coral, FL 33909
City/State and Zip Code

callkennytoday@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenny Potts at (239) 220-3032
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: See attached letter showing \$50.00 received.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2022

KENNETHPOTTS LLC

1215 NE 2ND PLACE
CAPE CORAL, FL 33909

03032201026005

Subject: **KENNETHPOTTS LLC**
RE: 022A00005819

We have received your document for the above Fictitious Name and your check(s) totaling \$50.00; however, the document **has not been filed** and is being returned for the following:

IT APPEARS YOU ARE TRYING TO FILE AN AMENDMENT IF SO SUBMIT CORRECT FORMS IF YOU ARE JUST TRYING TO REGISTER THE FICTITIOUS NAME KENNETHPOTTS THEN PLEASE SUBMIT THE CORRECT FORM WITHOUT THE SUFFIX LLC

A fictitious name cannot contain the word "Limited Liability Company," or the abbreviation "LLC," "L.L.C.," or "Limited Co." unless at least one owner of the registration is a limited liability company, and filed with the Division of Corporations.

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Theresa R Wilson
Reinstatement Section
Division of Corporations

Letter No. 022A00005819

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

Kenny Potts LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/16/2022 and assigned Florida document number 22000015377

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kenneth Potts LLC

The new name must be distinguishable and contain the words "Limited 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)

same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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2022 MAR 23 AM 8:46
CLERK OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

same

New Registered Office Address:

same

Enter Florida street address

same

Florida

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

E. Effective date, if other than the date of filing: 3/10/2010 (optional)

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.

Dated 3/18/, 2022.

Kenneth W. Potts

Typed or printed name of signee