## L22000036976

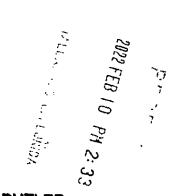
(1	Requestor's Name)	
	Address)	
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~	O:t. (O)-1-7: (O) (I)	
((	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
	Document Number)	
	م بنايا علم	<b>.</b>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
Special instructions to	rilling Onicer.	
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A. **BUTLER** FEB 1 0 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
	vestments, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The state of the s		oring I for filling	
	Amendment and fee(s) are sub- ondence concerning this matter	_	
r rease retain an correspo	ondence concerning this matter	to the following.	
	Thomas R. Thompson		
		Name of Person	
		Firm/Company	
	1220 ml 20 n - 1	, and sompany	
	1330 Thomasville Road		<del> </del>
		Address	
	Tallahassee, FL 32303		
		City/State and Zip Code	
	trthompson1872@aol.com	o be used for future annual report no	of Gardian)
For further information of	concerning this matter, please ca		Attication)
Thomas Thompson		850 766-3810	
Name e	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration 8 Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kendall Investments, LLC	
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on January 19, 2022 and assigned
Florida document number L22000036976	<u></u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registere
N. CN D. C. J. C.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter viorida street adaress
	, Florida
	City Zin 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M Elena Thompson	Elena Thompson	1330 Thomasville Road	<b>⊟</b> Add
		Tallahassee, FL 32303	□Remove
			Change
			□Remove
			□Change
		<del> </del>	□Remove
			☐ Change
			□Add
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			□ Change
	<del></del>		□Add
			Remove
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			□Remove
			□ Changa

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	<del></del>
(If an effective Note: If the	te, if other than the date of filing:
ne record spoord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Febr	ary 10, 2022
Dated	
	16
	Signature of a member or authorized representative of a member
	nomas R. Thompson, Manager
	Typed or printed name of signee

Filing Fee: \$25.00