L22000145355

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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MAY 2 5 2022

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TO:	Registration Section Division of Corporations		•		7	•	
SUBJE	ct: Kents	Residential Renov Name of Limited Liability Company	ati	<u>uns</u>	_L.	LC	

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

Please return all correspondence concerning this matter to the following:

William Kent Kents Residential Reportions LLC 6314 Buckingham Road Youngstewn FL 32466 City/State and Zup Code Kents, renovations of V E-mail address: (to be used for future annual report to hoo.com

For further information concerning this matter, please call:

William Ken at (**850**) **628 - 986** Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

1. S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF A		
T(ARTICLES OF O Ol	RGANIZATION	FILED
(A Florida Limited Li		2022 HAY 25 PH 4: 30 SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company v Florida document number L22000145355	were filed on $4 zz z$	2.2 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here.	
The new name must be distinguishable and contain the words "Limited Liabilit		he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (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 registered agent and/or the new registered office address here:

Name of New Registered Agent:	William Ken	+
New Registered Office Address:	6314 BUCKING Enter Flott	ham Rood
	. 1	da sirect address , Florida _32466
	Kungstown	Plorida 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.

Wike Keut If Changing Registered Agent. Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

• . •

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<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	Kennetw. Fostos	213 Crest St	IIAdd
		213 Crest St Tullahussee	K Remove
		FL, 32301	□Change
			🗆 Add
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			_ CRemove
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			_ 🗆 Add
			_ ERemove
			(I)Change
			_ ZAdd
			_ 🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	May 25 2022
	Signatur of emember of authorized representative of a member
	Typed of printed name of signee