

K22000169255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

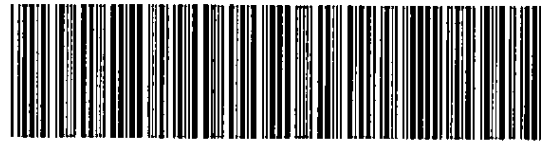
(Business Entity Name)

(Document Number)

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APR 29 2022

05/02/22--01001--008 \*\*52.50

22 JUL 18 PM 3:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. MATTHEWS

JUL 25 2022



RECEIVED

2022 JUL 18 PM 2:58

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRET  
TALLAHASSEE

June 21, 2022

ANTHONY CARRUBBA  
690 MAIN STREET SUITE 1102  
SAFETY HARBOR, FL 34695

SUBJECT: KENSINGTON ESSENTIALS LLC  
Ref. Number: L22000169255

We have received your document for KENSINGTON ESSENTIALS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 822A00013978

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kensington Essentials 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:

Anthony Carrubba  
Name of Person  
Kensington Essentials LLC  
Firm/Company  
9202 Souchak Drive  
Address  
Trinity, Florida 34655  
City/State and Zip Code  
AnthonyCarrubba@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Carrubba at ( 917 ) 843 1059  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

SECRETARY OF STATE  
DIVISION OF CORPORATION

Kensington Essentials LLC 22 JUL 18 PM 3: 02  
(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 4/7/22 and assigned  
Florida document number 222000169255

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 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)

9202 Souchiak Drive  
Trinity, Florida 34655

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

9202 Souchiak Drive  
Trinity, Florida 34655

**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:

New Registered Office Address:

Enter Florida street address

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**



[illegible]

(If an effective 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)(b)

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.

7/8/22

Anthony Coruble

Anthony Carrubba  
Typed or printed name of signee