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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	ration Section on of Corpora			•		
SUBJECT:	Kinmon A	dventures LLC				
SUBJECT: _		Name of Limi	ted Liability Compar	ıy		
The enclosed A	rticles of Am	endment and fee(s) are subt	mitted for filing.			
Please return al	l corresponde	nce concerning this matter t	to the following:			
		Kyle Kinmon				
	•		Name of Perso	on	-	
			Firm/Compan	ıy		
120 SE 5th Ave, Suite #218 Address						
		Dana Satan El 224				
		Boca Raton, FL 334	City/State and Zip	Code		
		kkinmon@gmail.co				
	-	E-mail address: (1	to be used for future:	annual report not	ification)	
For further info	ormation conc	erning this matter, please ca	all:			
Kyle Kinr			at (561	929-32		
	Name of Pe	rson	Area Coc	le Daytir	ne Telephone Number	
Enclosed is a c	heck for the fo	ollowing amount:				
⊠ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified Co (additional cop	ору	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) 	
	ng Address: stration Sec	tion	_	reet Address: egistration So	ection	
_	sion of Corp		D	Division of Corporations		
	Box 6327	22214		ne Centre of	Tallahassee oe Street, Suite 810	
ı alla	hassee, FL	32314		allahassee, F		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kinmon Adventures LLC			באוון
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company	ars on our records.)	AND SEE TO PROPERTY OF THE PRO
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	6/28/2022	and assigned 6: 43
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the na	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
	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 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>	Name	Address	Type of Action
<u>,</u>			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
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			□Remove
			☐ Change
			□Add
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			□Add
	,		□Remove
			□Chance

	Member should be a	mended to reflect only h	(inmon Holdings, LLC		
		Document Number	er: M21000006481		
		DE Corporation aut	horized to transact in	Florida.	
Plea	se remove Kyle Kinmo	n as a Member. There are	no other members.		
					
					
					
					
					
					
an offective date Note: If the date		pecific and cannot be prior to da oes not meet the applicable	te of filing or more than 90 days		
	s a delayed effective date	e, but not an effective time.	at 12:01 a.m. on the earlier o	of: (b) The 90th	n day after the
record specified is filed.	July 11	. 2022		ָ ֪֞֞֞֞֞֞֞֞֞֞֞֩֞֞֞֞֩֞֞	2022 JUL