L22000477107

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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Registration Section

Division of Corporations

TO:

	SINGTON, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James A. Cable			
		Name of Person		
	2755 KENSINGTON, LL	C		
		Firm/Company	 	
	2755 KENSINGTON CIR	CLE, #7-3		
		Address		
	WESTON, FL 33332			
		City/State and Zip Code		
	jcable@eableworks.biz			
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all;		
	of Person	at () Area Code ——Daytime Telep		
Name o	f Person	Area Code Daytime Telep	hone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporati	ons	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Stre	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2755 KENSINGTON, 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 November 7, 2022 and assigned Florida document number <u>L22000477107</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2755 KINSINGTON, 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) 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: New Registered Office Address: Enter Florida street address

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.

, Florida

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>	Address	Type of Action
			□Add
			□Remove
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<u>sote:</u> 1	the date, if other than the date of filing:
record I is file	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
ated 1	November 28 2022
	Chamos a Calel
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee