Florida Department of State Division of Corporation

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(((H23000023548 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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COVER LETTER

KENSNY VENTURES LLC

(((H23000023548 3)))

O: Registration Section Division of Corporations

Tallahassee, FL 32314

BJECT:	Name of Lim	nted Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Lovette Dobson		
		Name of Person	
		Firm:Company	
	17350 State Hwy 249, #22		
		Address	
	Houston, TX 77064		
	EFILE1234@INCFILE.CO		
	F-mail address; (to be used for future annual report noti	fication)
r further information c	oncerning this matter, please of	att;	
wette Dobson		1 888-462-345 at () Area Code Daytim	3
Name o	f Person	Area Code Daytim	e Telephone Number
closed is a check for th	ne following amount:		
£ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sol.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of T	•

(((H23000023548 3)))

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(((H23000023548 3)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>1.23000005039</u>	were filed on 12/29/2022 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ality company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Htty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1940 Shankhaka Dhail	
(Principal office address MUST BE A STREET ADDRESS)	Lake Park, FL 33403	
Enter new mailing address, if applicable:	1260 Northlake Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Lake Park, FL 33403	
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 name of the new register	
Name of New Registered Agent:	20 PAR	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000023548 3)))

MGR = Manager AMBR = Authorized Member

<u>Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kensny Antoine	1260 Northlake Blvd	
		Lake Park, FL 33403	□Remove
			■ Change
			
			□Remove
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If the date inserted in this block does not ment's effective date on the Department of ord specifies a delayed effective date, but if filed. January	f State's records. for an effective time, at 12:		; (b) The 90th day after
If the date inserted in this block does no ment's effective date on the Department of ord specifies a delayed effective date, but i filed. January 19th d	f State's records. for an effective time, at 12:		; (b) The 90th day after

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