# L23000 113718

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Cities Office.
Special Instructions to Filing Officer:

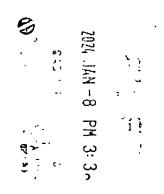
Office Use Only

T. SCOTT

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## **COVER LETTER**

TO: Registration Division of Co			
KENSLE SUBJECT:	Y HUTCHINGS LLC		
SOBJEALT.	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GREGORY S. OSWALT		
		Name of Person	
	GSOCPA LLC		
		Firm/Company	
	3999 COMMONS DR W.	, STE E	
		Address	<del></del>
	DESTIN, FL 32541-8446		
	0,000,111,000,1111	City/State and Zip Code	
	GSOCPALLC@GMAIL.C  E-mail address: (	OM to be used for future annual report not	tification)
For further information	concerning this matter, please o	all:	
GREGORY S. OSWA	LT	850 654-9054	
Name	e of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
177			
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Set Division of Court The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENSLEY HUTCHINGS PAILLC						
(Name of the Limited Li (A F)	ability Compa forida Limited	iny as it now appears o Liability Company)	m our records.)			
The Articles of Organization for this Limited Liabili	ity Company	were filed on $\frac{04/07}{}$	7/2023	a	nd assign	ed
forida document number L23000173718	·					
his amendment is submitted to amend the followin	g:					
. If amending name, enter the new name of the	limited liab	ility company here	<u>:</u> :			
CENSLEY HUTCHINGS LLC						
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the desi	gnation "LLC" or t	he abbreviat	ion "L.L.C.	,,,
Inter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET ADDRESS)		N/A		8	~~~~~	
				• 7	121	
				9	i-	-
nter new mailing address, if applicable:					- 2	
(Mailing address MAY BE A POST OFFICE BOX)		N/A			٦	}
	<u></u>			•	— <del>ဩ</del>	
					ယ	
. If amending the registered agent and/or regis		address on our rec	ords, <u>enter the</u>	name of t	he new re	giste
gent and/or the new registered office address he	<u>ere</u> :					
Name of New Registered Agent:	! / A			<del></del>		<del></del>
New Registered Office Address:	I / A					
	-	Enter Florid	a street address			
_			Florid	а	**	
		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
		N / A	□ Add
			□Remove
			□Change
			□ Add
			□ Remove
			Change
		<del></del>	
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			□Change
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			Remove
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	**************************************		□Add
			□Remove
			□ Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Mote: If the t	e, if other than the date of filing:
If the record specif record is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated De	cember 22, 2023.
	Muly Hetchines  gignature of a member or authorized representative of a member
	NSLEY HUTCHINGS
	Typed or printed name of signee

Filing Fee: \$25.00

# KENSLEY HUTCHINGS LLC

75 Sweet Breeze Drive Santa Rosa Beach, Florida 32459 Phone (850) 842-1704 Fax (850) 654-9085

December 22, 2023

State of Florida, Sunbiz Division of Corporations New Filing Section

Re:

Amend Sunbiz filing of 04/07/2023 - Doc # L23000173718

EIN # 93-4909634 for Kensley Hutchings LLC

Owner Name: Kensley Hutchings

Owner SS # 256-97-1719

Please delete "PA" from original LLC name.

To Whom it May Concern:

I wish to Amend my original LLC name (filed in April 2023), which was KENSLEY HUTCHINGS PA LLC.

I wish to delete the "PA" from the LLC name, please.

Mr. Tyrone Scott has been most helpful to us in correcting this Issue.

Thank you very much for your help with this matter.

Sincerely,

Kensley Harchings, Owner

Kensley Hutchings LLC

State of FL County of WAITON Subscribed and swom to (or affirmed) before me on this

Notary Signature

