## L23000375973

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## **COVER LETTER**

TO: Registration/So Division of Cor		201	<b>a</b> ( <b>a</b> )
	LC NAME		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SABRINA T MCKENZII	Ė	
		Name of Person	
	KENZIES REALTY LLC		_
		Firm/Company	2023
	1700 NW 46TH AVE AP	T 4	PILEU 2023 AUG 16 PH 3: 29 BECRETARIAS SEEF FIL
		Address	Sala on In
	LAUDERHILL, FL, 3331	3	SSEE S
	S8004916@GMAIL.COM	City/State and Zip Code	TATE
	E-mail address: (	to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
SABRINA MCKENZIE		754 779-2697	
Name o	d Person		ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENZIES LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000375973}{L23000375973}$ .	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
KENZIES REALTY LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	2023 FA
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a	AUG 16 PM 3: 29 RETARY OF STATE LAHASSEE, FL
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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<b>Tective date, if other than t</b> l an effective date is listed, the date in ote: If the date inserted in this	ust be specific a	nd cannot be pr	ior to date of fi	ling or more than	90 days after t	iling.) Pur	suant to 605,020
ocument's effective date on the				ory thing requi	ements, this	date wiii	not be fisted a
record specifies a delayed effect is filed.	rive date, but no	ot an effective	e time, at 12:0	01 a.m. on the e	arlier of: (b)	The 90t	th day after the
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SA	BRANA Signature of	MCK	NZA (				