12/13/23, 4:04 PM

Division of Corporations

Florida Department of State

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(((H23000425248 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MILAM HOWARD, ET.AL.

Account Number : I20000000206

Phone : (904)357-3660

Fax Number : (904)357-3661

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

bshaffer@milamhoward.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KENZIE HAULING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/13/2023 02:10 PM T0:18506176383 FROM:9043573661

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENZIE HAULING, LLC			
(<u>Name of the Limited Lia</u> l (A Floi	hility Company as it now appears on our rec rida Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability	y Company were filed on 9/19/2023	and assigned	
Torida document number L23000433999	· 		
his amendment is submitted to amend the following	:		
a. If amending name, enter the new name of the li	imited liability company here:		
"	1	283	
The new name must be distinguishable and contain the words "I	Limited Liability Company, the designation "l		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
	 	ب. ۱۱	
Enter new mailing address, if applicable:		ა 	
Mailing address MAY BE A POST OFFICE BOX)			
	i		
	i		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ter the name of the new register	
	•		
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.

TO:18506176383 FROM:9043573661

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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

<u>Title</u>	Name	Address	Type of Action
S	SAMANTHA TAYLOR	126 S PRAIRIE LAKES DRIVE	
	SAMANTHA TATEOR	- 120 S PRAIRIE LAKES DRIVE	= Add
		ST AUGUSTINE, FL 32084	Remove
			□Change
			□Add
			□Remove
···			⊡Add
			□Remove
			□Change
		<u> </u>	□Add
		□Remove	
		<u></u>	□Change
			□Adđ
			Remove
			□Change
			□Add
			□Remove
			□Change

December 13 Dated	2023	
	1711 0 5011	
	1 Sta	
	Signature of a member or authorized representative o	of a member
Robert G. Shaffer, H, Es	q., Attorney-in-Fact	
	Typed or printed name of surpey	

Filing Fee: \$25.00