## L24 000000 8115



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## **COVER LETTER**

TO: Registration Son Division of Con			
SUBJECT: K/	NORED KRA Name of Lim	VINGS 11C	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KENNEDY	Name of Person	
	KINDRE	O KRAYING S Firm/Company	LLC
	<u> 3900 30 T</u>	Address	<del></del>
		City/State and Zip Code	·
	KINDREDKE E-mail address: (	AY, NGSCATERING to be used for future annual report noti	ication) COMPIL. CON
For further information c	oncerning this matter, please ca		
KENNEDY Name o	N JONES f Person	423 at (727) 5/04 Area Code Daytimo	2 - 390 <u>3</u> 2 - 34 <u>31</u> e Telephone Number
Enclosed is a check for the	ne following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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	<del></del>	Street Address: Registration Sec	ction
Division of C		Division of Con	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability Company)	LC ow appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L2400006115</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20?
(Principal office address MUST BE A STREET ADDRESS)	1.57 1.8
	· · · · · · · · · · · · · · · · · · ·
	189
Enter new mailing address, if applicable:	<u> </u>
	15
(Mailing address MAY BE A POST OFFICE BOX)	ω
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
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

or removed	irom our records.		
MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	KENYATTA V. KILLINB	1546 62 ND AYENUE	_ <b>5</b> _ □Add
		ST. PETE FL	ERemove
		33705	□Change
			□Add
			□Remove
			□Change
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(If an efi Note:	ive date, if other than the date of filing:
the recordis fi	d 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 led.
Dated	Lenedy Jack Signature of a member or authorized representative of a member
	Lernedy Jones
	Signature of a member or authorized representative of a member

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