Fax: 8134365206



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KENNEDY DEVELOPMENT GROUP LLC

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Certified Copy	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fax: 8134365206

Kennedy Development Group LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24000330090</u>	ny were filed on 07/25/24	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		207
		<u>د</u> -
Enter new mailing address, if applicable:		77. EP
Mailing address MAY BE A POST OFFICE BOX)		<u>ش</u>
Maining waters MAT BE AT OST OFFICE BONY		
3. If amending the registered agent and/or registered offic	e address on our records.	enter the name of the new regi
igent and/or the new registered office address here:		65
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street	address
		, Florida

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.

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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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kennedy, Mark	7901 4TH ST N STE 300	🗹 Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□Add
			Remove
			Change
			🗀 Add
			□Remove
			Fi Change

To: 18506176383

Fax: 8134365206

). If amending any other info	mation, enter change(s) here:	(Attach additional sheets, if necessary.)
		#*************************************
	<u> </u>	
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(If an effective date is listed, the date Note: If the date inserted in th	the date of filing: must be specific and cannot be prior to is block does not meet the applicab me Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the statutory filing requirements, this date will not be listed as the
the record specifies a delayed effected is filed.	ective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Jan 16	2025	<u>.</u> ·
Robins	e process	zed representative of a member
	Signature of a member or authorit	zed representative of a member
Robin Jones		
	Typed or printed	name of signee