Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

8025 JEH 24 JEE 8: 48

1/24/2025 11:02:20 PST *

To: 18506176383

Page: 2/4

Fax: 8134365206 ARTICLES OF AMENDMENT

If Changing Registered Agent, Signature of New Registered Agent

TO ARTICLES OF ORGANIZATION OF

Kennedy Development Group LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on o nability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number L24000330090	were filed on 07/25/24	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		20
		25.
T		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7
		<u> </u>
		.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registered
agent and/of the new registered office address next.		
No. 11 of CN1 of Day Takened Assessed		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a rovided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

1/24/2025 11:02:20 PST

Ta: 18506176383

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Fax: 8134365206

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	9920 Estero Oaks Drive #304	□Add
		Fort Myers FI 33967	
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			🗓 Remove
			Change
			□Add
			□Remove
			Change.

2025 11:02:20 PST	To: 18506176383	Page: 4/4	Fax: 81343
D. If amending any other	er information, enter change(s) here: (/	Attach additional sheets, if necessary.)	
	<u> </u>		<u></u>
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Note: If the date insert	er than the date of filing: the date must be specific and cannot be prior to date in this block does not meet the applicable ate on the Department of State's records.	(optional) the of filing or more than 90 days after filing.) Pursuant to 0 statutory filing requirements, this date will not be be	605.0207 (3)(b) listed as the
record is filed.		at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Dated Jan 24	2025 Signature of a member or authorized		
<i>?:</i>	· :		
Market Market	/ H-//L1/	Learnesontative of a mombar	

Typed or printed name of signee

Robin Jones