

L120000 49556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

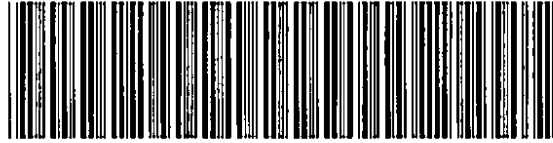
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amendie

OCT 20 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEEZ BEEZ LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISABEL BALLESTAS
Name of Person

KEEZ BEEZ LLC
Firm/Company

5065 NW 74TH AVE, UNIT 6
Address

MIAMI, FL 33166
City/State and Zip Code

BESTHONEY@KEEZ-BEEZ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL BALLESTAS 305 798-7633
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KEEZ BEEZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECEIVED
MAY 1 2012

The Articles of Organization for this Limited Liability Company were filed on MARCH 21 2012 and assigned
Florida document number L12000049556.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5065 NW 74TH AVE, UNIT 6, MIAMI, FL 33166

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5065 NW 74TH AVE, UNIT 6, MIAMI, FL 33166

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROSA ISABEL BALLESTAS

New Registered Office Address:

5065 NW 74TH AVE, UNIT 6,

Enter Florida street address

MIAMI

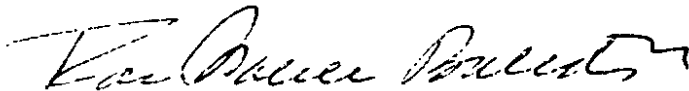
City

Florida 33166

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN ALAN DAVID	500 MENDOZA AVE, CORAL GABLES, FL 33134	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE V

THE NUMBER OF SHARES THE COMPANY IS AUTHORIZED IS: 100

THE REPARTITION OF THESE SHARES HAVE BEEN NOW:

100 % ISABEL BALLESTAS

ISABEL BALLESTAS IS THE OWNER AND OPERATOR FOR KEEZ BEEZ LLC.

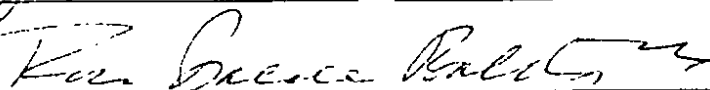
E. Effective date, if other than the date of filing: JULY 12/2020 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 10, 2020.



Signature of a member or authorized representative of a member

ISABEL BALLESTAS / PRESIDENT & OPERATOR.

Typed or printed name of signee