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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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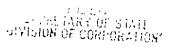
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	KEYS CAI	RGO LLC		
SOBJEC	* -	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		TIMUR RAKHMATOV		
			Name of Person	
			Firm/Company	
		626 JOSEPHINE PARKE	R RD, STE 208	
		-	Address	
		KEY WEST, FL 33040		
		INFO@TFRANDCOMPA	City/State and Zip Code	
			to be used for future annual report n	otification)
For further	er information o	oncerning this matter, please c	all:	
TIMUR	RAKHMATOV	,	850 3569833	
	Name o	f Person	\	time Telephone Number
Enclosed	is a check for tl	ne following amount:		
\$25.0	0 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		Street Address: Registration S	Paction
	Division of C		Division of C	
	P.O. Box 632		The Centre of	f Tallahassee
	Fallahassee, I	tL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

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



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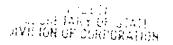
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		on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 02/17	7/2021 and assigned
Florida document number L21000080244		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a	oddroos on our	and and and
agent and/or the new registered office address here:	address on our reco	orus, enter the name of the new registe
Name of New Registered Agent:		<u>, , , , , , , , , , , , , , , , , , , </u>
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Zip Code

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 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 21 HAR 2 AH : 06	Type of Action
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Filing Fee: \$25.00