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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email:	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEYSI LLC

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

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: Yanet Avila

KEYSLLLC					
(Name of the Lin	ited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Florida document number 1.22000340090	Liability Company	were filed on <u>08/02/2022</u>	and assigned		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if appl	icable:	13590 SW 134th Ave Ste 212			
Principal office address MUST BE A STRE	ET ADDRESS)	Miani, Fl 33186			
Enter new mailing address, if applicable:		13590 SW 134th Ave Sie 212			
<u>Mailing address MAY BE A POST OFFICI</u>	E BOX)	Miami, Fl 33186			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter the na	ame of the new registe		
Name of New Registered Agent:	Name of New Registered Agent: Change of Address				
New Registered Office Address:	13590 SW 1340	th Ave Ste 212 Enter Florida street address			
	Miami	Enser Florida street address			
		City , Florida	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

To:

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 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>	Name	Address	Type of Action
AMRR	Change of Address	13590 SW 134th Ave Ste 212	
		Miami, FI 33186	Remove
			■ Change
MGR	CHange of Address	13590 SW 134th Ave Ste 212	🗆 Add
		Miami, Fl 33186	□Remove
			[]\/dd
			□Remove
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fective date, if other than the da in effective date is listed, the date must be ste: It the date inserted in this block cument's effective date on the Depa	specific and cannot be does not meet the a riment of State's rec	prior to date of h pplicable statuti ords,	ing or more than ory filing requi	90 days after fili rements, this d	ng.) Pursuant to t ate will not be l	isted as
ecord specifies a delayed effective d is filed.	ate, but not an effect	ive time, at 12:0	I a.ni. on the	earlier of: (b)	The 90th day a	fter the
ted MAY	, 2025	- Live	0			
		apphorized repre-				