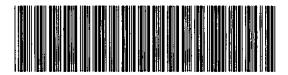
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: • Registration Se Division of Cor	ction porations		
H Keith I	Mizell/Florida, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Keith Mizell		
		Name of Person	
	H Keith Mizell/Florid	a, LLC	
		Firm/Company	
	328 N Ocean Blvd.,	203	
		Address	
	Pompano Beach, Fl	_ 33062	
		City/State and Zip Code	
	keith@keithmizell.co		·
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please ca	all:	
Keith Mizell		954 234-6224	100
Name o	of Person	Area Code Daytime Telephon	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H Keith Mizell/Florida, LLC

(Name of the Limited Liability Company as it now appears on our records	<u>.</u>)
(A Florida Limited Liability Company)	_
(**************************************	

The Articles of Organization for this Limited Liability Company w	ere filed on 07/19/2000		and as	signed	
Florida document number L00000008711					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ty company here:				
H Keith Mizell, LLC					
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the	ne abbrev	iation '	'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)	·				_
					_
					_
B. If amending the registered agent and/or registered office	ce address on our records, <u>ent</u>	er the	<u>name</u>	of the	new
registered agent and/or the new registered office address here:			200		
Name of New Registered Agent:		100 ft.	 ယ	TOTAL STATE OF THE	
New Registered Office Address:			Ö	9	_
	Enter Florida street address	-12 C3			
	, Florida	-3-1		1	_
	City	Z_i	p Code	!	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree					the
provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro					e
being filed to merely reflect a change in the registered office a					,
company has been notified in writing of this change.	- -				

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = N $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Remove
			□ Remove
			Add' Remove
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		 	□ Remove
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