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#### **COVER LETTER**

Registration Section

**Division of Corporations** 

**)**:

## Keys Building, LLC JBJECT: \_ Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Neal Keys Name of Person Laps Company 1911 NE 172nd St., Address North Miami Beach, FL 33162 City State and Zip Code neal@palmtravel.com E-mail address; (to be used for future annual report notification) for further information concerning this matter, please call: 305 933-1818 Neal Keys Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & \$55,00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida I imited	any as it now appears on our recor Liability Company)	(ds.)
he Articles of Organization for this Limited lorida document number <u>L07000105137</u>		were filed on October 16, 200	7 and assigned
his amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liab	oility company here:	
8/A			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS		N A	
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Timelput office little 183 Most BE 11 91 MSS 11 19 MSS 1			
			<u></u> د یا
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N A	<i>;</i> •
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			5,
3. If amending the registered agent and/or gent and/or the new registered office addr		address on our records, <u>ente</u>	r the name of the new regi
Name of New Registered Agent:	<u>N A</u> ~	·	
New Registered Office Address:	N A		
		Enter Florida street addre	288
		, F	lorida
		City:	Zw Code

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

Keys Building, LLC

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

#### GR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	Larysa Keys	1911 NE 172nd St., North Miami Beach, FL 33162	<b>=</b> Add
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tive date, if other than the flective date is listed, the date must lift the date inserted in this bluent's effective date on the Defective date.	st be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 da le statutory filing requireme	ys after filing.) Pursuant to 605,0 nts, this date will not be listed
īled.	re date, but not an effective time		
August 10th	2021  Signature of a member or authori.		
Mak Ko	IM A.		
1 (I/W · 1/4)			
	Signature of a member or authori.	ved representative of a member	