

W070000126919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

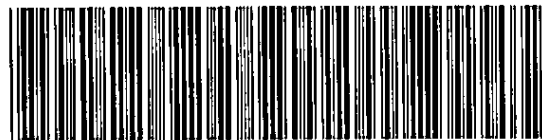
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800373375838

09/24/21--01013--025 **25.00

FILED
2021 SEP 24 AM 7:36
TALLAHASSEE FL

PRICE
OCT 02 2021

TO: Registration Section
Division of Corporations

SUBJECT: KEYS KARTS 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:

ALVARO J. NARVAEZ

Name of Person

KEYS KARTS LLC

Firm/Company

P.O. BOX 761

Address

KEY LARGO FL 33037

City/State and Zip Code

ciscokeyskarts@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRIAM LOPEZ

786

246-7491

at ()

Name of Person

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

FILED
2021 SEP 21 AM 7:36
TALLAHASSEE, FL

**TO
ARTICLES OF ORGANIZATION
OF**

KEYS KARTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/24/2007 and assigned
Florida document number 1.07000126919.

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:

(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 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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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	LARRAINE SALZMAN	909 S JADE DRIVE	<input type="checkbox"/> Add
		KEY LARGO FL 33037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GARY ROY	909 S JADE DRIVE	<input type="checkbox"/> Add
		KEY LARGO FL 33037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 SEP 24 AM 10:36
FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

2011 SEP 24 AM 7:36
CLIMATE
MILWAUKEE

RECEIVED
2011 SEP 24 AM 7:06
CHICAGO IL 60611
MAIL ROOM

(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)

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 SEPTEMBER 20 2021

Signature of a member or authorized representative of a member

ALVARO J. NARVAEZ

Typed or printed name of signee