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B. KOHR

OCT 12 2009

EXAMINER

COVER LETTER

TÖ: Registration Section Division of Corporations	
SUBJECT: KEEP IT GOING UC.	
Name of Limited Liability Company	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	99 (Single
The enclosed Articles of Amendment and fee(s) are submitted for filing.	NASION OF COR
Please return all correspondence concerning this matter to the following:	S CORRECT
Elizabeth Archer Name of Person	REPORTIONS REPORTED STA
KEEP I+ GOING LLC.	
2912 CASTLE DAK AUS	
ORLANDO FC 32808 City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	1
For further information concerning this matter, please call: Keepi+cpinc	a10
Elizabeth Archer #403 729-2971	yahuo yahuo
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

\$30.00 Filing Fee &

Certificate of Status

P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARIK	OF		30 CO CO
KEEP III	- GOING LO Ability Company as it now appears of forida Limited Liability Company)	n our records,)	MOS PROVE
The Articles of Organization for this Limited Lia Florida document number <u>L 09000</u>	bility Company were filed on <u>C</u> 082047	8 /25/09	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,	" the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		·

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		records, enter th	e name of the new
Name of New Registered Agent:	Elizabeth +	Frcher	
New Registered Office Address:	SUIZ CHOTLE	UMK 1	t/E
	ORI AND	Florida street addre	ess 32-208
	City	, Fiorus	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 608, 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 Chapping Registered Agent, Signature of New Registered Agent

MGR = Manager

MGRM = Managing Member

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

Title	<u>Name</u>		Address	. 0	Type of Action
MGRI			2912 CAS	TLEOAK 72 32808	NC ☐ Add ☐ Remove '
NGRM		ARCHER ETH	2912 CASTLE	OAK Ave	Add Remove
MGR	Elizabetr	Arelter	2912 CASTU	E O AKAPE 32808	Add Remove
<u> </u>					Add Remove
		·			Add Remove
-	, , , , , , , , , , , , , , , , , , , 			· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If amen	ding any other info Liubth Swier c	rmstion, enter change The KEE	i) here: (Attach additional sh 3 Hu = P I+ 60	eets, if necessary.) Full DING (<u>.</u> <u>C</u> C
- -	10/1/0				<u>. </u>
Dated		Signature of a member o	authorized representative of a r	nember	
		(179)	peth Hychc printed name of signee	ν	

Page 2 of 2

Filing Fee: \$25.00