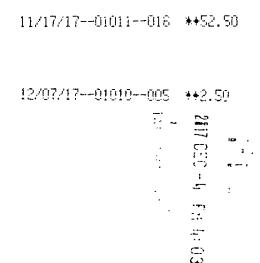
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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GEC OF 2017 J. HARRIS

COVER LETTER

Registration Section
Division of Corporations

TO:

Name of Emilied Salomy Company
The enclosed Articles of Amendment and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROSA ISABEL BALLEVIAS Name of Person
KEEZ BEET LC Firm/Company
9092 NW SOUTH RIVER DRIVE, UNIT 51
MEDLEY, FL 33166 City/State and Zip Code BESTHOWEY & KEEZ-BEEZ earn E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
ROSA ISABEL BALLESTAS at (305) 798-7633 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Hell Fon \$52, 50 SEE ATTACLED CETTIFICATION MAILING ADDRESS: STREET/COURIER ADDRESS: NOV 20/2017
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



November 20, 2017

ISABEL BALLESTAS 9092 NW SOUTH RIVER DRIVE, UNIT 51 MEDLEY, FL 33166

SUBJECT: KEEZ BEEZ LLC Ref. Number: L12000049556

We have received your document for KEEZ BEEZ LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00023512

ALL AND JAMES OF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KEEZ BEEZ (Name of the Limited Lial (A Floi	pility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L12000049</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the li	
The new name must be distinguishable and contain the words "I	imited 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 AD.	9092 NW SOUTH RIVER Drive. UNIT 51 MEdley; Fl 33166
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	9092 NW SOUTH RIVER Drive UNITSI MEDLEY, Fl 33166
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	losa ISABER BALLESTAS
í	2092 NW SOUTH RIVER Drive UNIT 51 Enter Florida street address NESSLEY Florida City Tip Code
New Registered Agent's Signature, if changing Registe	red 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

Page 1 of 3

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

or remov	oved from our records:		
	•		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			☐ Change
			Add
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			Change
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DATE OF FORMER	19 THE FLORIDA CORPORATION, IN 03/5
HAVE BEEN:	
	SABER BALLESTAS
48% JOHN A	LAN DAVID
THE AMENDMEN	NT is a complementary information
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Filing Fee: \$25.00