# L13000057084

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>→</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000252283130

10/03/13--01013--012 \*\*30.00

2013 OCT -3 AM II: 25 SECRETARY OF STATE TALLAHASSEF, FLORIDA

0CT - 4 2013 T. HAMPTON

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

ID IFCT.

Key Promo Solutions, 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:

Laure Lederman

Name of Person

Koovix, LLC

Firm/Company

191 Golden Beach Drive

Address

Golden Beach, Florida 33160

City/State and Zip Code

laurelede77@gmail.com

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

For further information concerning this matter, please call:

Laure Lederman

<sub>4,786</sub> 246 8085

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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Key Promo Solutions, LLC				
(Name of the Limited Liability Co	mpany as it now appears on ted Liability Company)	our records.	)	
(A Fiorida Limi	ted Liability Company)		20 S	
The Articles of Organization for this Limited Liability Comp	pany were filed on April 1	8, 2013	and as	signed
Florida document number L13000057084				) } 
			- <b>ယ</b>	
This amondment is submitted to amond the following:			m <sub>G</sub> ≥	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:		芸芸・	
Koovix, LLC			≥ 0	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company,"	the designation	on "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			,	
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>			
Fortune and the second		/		
Enter new mailing address, if applicable:	<del> </del>			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registere		records, <u>ent</u>	ter the name	of the nev
registered agent and/or the new registered office address	here:			
Name of New Registered Agent:				·····
Nov. Donigtoned Office Address.				
New Registered Office Address:  Enter Florida street ad		address		
<del></del>	City	, Florida	aZip Coa	
	Cuy /		zip Coa	ie

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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name **Address** Remove Remove Remove Remove Remove Remove

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Dated Sep	tember 24 2013
	Rein
<del></del>	Signature of a member or authorized representative of a member
	Laure Lederman
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

FILED
2013 OCT -3 AMII: 26
SECRETARY OF STATE.