

L13000075922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

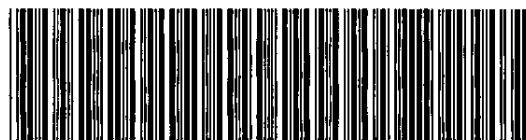
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200263654922

200263654922  
08/25/14--01046--023 \*\*25.00

2014 AUG 25 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

AUG 29 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **2-KEY ENTERPRISES, 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:

**EVELYN NOEL**

Name of Person

Firm/Company

**3711 TROUT RIVER BLVD**

Address

**JACKSONVILLE, FLORIDA 32208**

City/State and Zip Code

**ENOEL0198@AOL.COM**

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

For further information concerning this matter, please call:

**EVELYN NOEL**

Name of Person

at **9047 768-6486**

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

RECEIVED  
TALLAHASSEE-FLORIDA

2014 AUG 25 PM 4:32

FILED

2- KEY ENTERPRISES, LLC

The Articles of Organization for this Limited Liability Company were filed on 5-24-2013 and assigned Florida document number L13000075922.

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANDRA KEENEY	12320 LAWSON CREEK DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32218	<input checked="" type="checkbox"/> Remove
MBR	JEANETTE N. BLOUNT	1245 EASTPORT ROAD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input type="checkbox"/> Remove
		1245 EASTPORT ROAD	
MBR	ANGEL K. HOHORST	JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
JANET L. HARRIS  
TALLAHASSEE, FLORIDA

2014 AUG 25 PM 4:32

FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

---

---

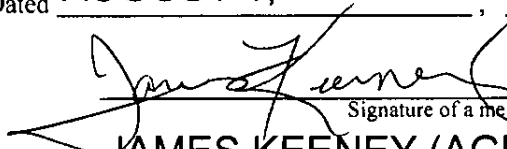
---

---

**E. Effective date, if other than the date of filing** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **AUGUST 1,** **2014**

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**JAMES KEENEY (AGENT)**  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 AUG 25 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED