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(Re	equestor's Name)	
(Ad	dress)	
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Transfer of the second

O. 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

9047

768-6486

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

S55.00 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

2014 AUG 25 PM 4: 32



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2- KEY ENTERPRISES, LLC			•	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number L13000075922	Company were filed on 5-24-2013	and ass	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the	abbreviation "I	L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	DRESS)			
		-		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		·		
B. If amending the registered agent and/or reg	gistered office address on our records, <u>enter</u>	the name	of th	e new
registered agent und/or the new registered office ad	idies here.		2014	ersey.
Name of New Registered Agent:		25 fr.	AUG	
New Registered Office Address:		, SSE	25	E.
	Enter Florida street address	10 co	PH	
	, Florida	75C	<u> </u>	
	City	Ziō Code		7

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

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>	Name	Address	Type of Action
MGRM	SANDRA KEENEY	12320 LAWSON CREEK DRIVE	: □ Add
		JACKSONVILLE, FLORIDA 32218	B_■ Remove
MBR	JEANETTE N. BLOUNT	1245 EASTPORT ROAD	 ■ Add
		JACKSONVILLE, FL 32218	□ Remove
		1245 EASTPORT ROAD)
MBR	ANGEL K. HOHORST	JACKSONVILLE, FL 32218	_ ■ Add
	•		Remove
			_ _□ Add
			_□ Remove
			2014 AUG 2
			SEE CORION
			_□ Add
			_□ Remove

D.	If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	"	
	_	
	_	
	_	
E.	(The effe	ve date, if other than the date of filing ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	Dated	AUGUST 1, 2014
	Dated	Constane (
		Signature of a member or authorized representative of a member
		JÁMES KEENEY (AGENT)
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

