

L13 000075922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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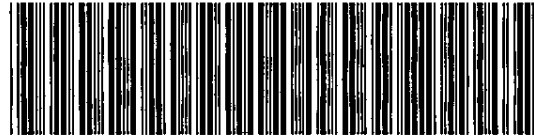
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eff. date

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Eff. date -
New RA
5/17



700257463907

06/18/15--01003--008 **25.00

FILED
15 MAY -6 AM 11:05
RECEIVED
JUL 1 2015

M. MILLIGAN
EXAMINER

JUL -1 2015

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

904 768-6486

Name of Person

at (_____) _____
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
BUREAU OF CORPORATE
INFORMATION SERVICES

15 MAY -6 AM 10:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2015

EVELYN NOEL
3711 TROUT RIVER BLVD.
JACKSONVILLE, FL 32208

SUBJECT: 2-KEY ENTERPRISES LLC
Ref. Number: L13000075922

RECEIVED
15 MAY 26 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 2-KEY ENTERPRISES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The effective date must be specific and cannot be prior to the date of filing.

The new registered agent designated in the amendment 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.

Michelle Milligan
Senior Section Administrator

Letter Number: 015A00009900

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

2-Key Enterprises LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Angel Hohorst

New Registered Office Address:

1245 Eastport Road

Enter Florida street address

Jacksonville

City

Florida 32218

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 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.


Angel Hohorst
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>	<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
MGRM	Angel Hohorst	1245 Eastport Road	<input checked="" type="checkbox"/> Add
		Jacksonville Florida 32218	<input type="checkbox"/> Remove
MBR	Jeanette N. Blount	1245 Eastport Road	<input type="checkbox"/> Add
		Jacksonville, Florida 32218	<input checked="" type="checkbox"/> Remove
MBR	Dan Keeney	1245 Eastport Road	<input type="checkbox"/> Add
		Jacksonville Florida 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: 5/01/2015 5-12-15 (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 _____

Angel Honorst
Signature of a member or authorized representative of a member
ANGEL HONORST
Typed or printed name of signee