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2022 JUN 27 AM 7:43

A. BUTLER SEP 20 2022

COVER LETTER

Wood and F SUBJECT:	Key, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	GARRY WOOD				
		Name of Person			
	Wood and Key, LLC				
	Firm/Company				
	415 ST. JOHNS AVENUE	E, Suite 2			
		Address			
	Palatka, Florida 32177				
	garrywood2011@hotmail.c	City/State and Zip Code			
		to be used for future annual report notif	ication)		
For further information co	oncerning this matter, please ca	all:			
Garry Wood	1 wil	386 937-7836			
Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)		

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Registration Section **Division of Corporations**

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Wood and Key, LLC (Name of the Limited Liability Company as it now appears on our records) 27 At 7:43

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11 September 2014 / 20 SS and assigned Florida document number L14000142276 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 contain 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: Garry Wood Name of New Registered Agent: 415 St. Johns Ave. New Registered Office Address: Enter Florida street address

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.

City

Palatka

IF Changing Registered Agent. Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Key	415 ST. JOHNS AVENUE, Suite 2	
		Palatka, Florida 32177	
			□Change
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			□Remove
			□Change
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