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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: ALA	L KEYS COM	MOUTER GUYS L	LC	
	Name of Limi	ited Liability Company	<del> </del>	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	<b>—</b> .			
	Chrs Mi	Name of Person		
	All Keys (	Computer Guys Firm/Company  Perseas Hwy #  Address	<u> </u>	
		Firm/Company	110	
	101425 Qu	rerseas Hwy #	=/18 	
		Address		
	Key Large	City/State and Zip Code	37	
	Chris@all	Keys computers	nuss.com	
	E-mail address: (1	Keys computer of to be used for future annual report notifi	cation)	
For further information co	ncerning this matter, please ca	all:		
Chas Mu Name of	Mer	at (305) 90/- Area Code Daytime	Telephone Number 59	وسريعو
				Oner-
Enclosed is a check for the	following amount:		22 84 80	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 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

, , , <del>, , , , , , , , , , , , , , , , </del>		ny as it now appears on our records.) iability Company)		<u>.</u>
The Articles of Organization for this Limited Lia Florida document number	bility Company		<u>4</u> and	assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of				
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		101425 Overse		
(Principal office address MUST BE A STREET	ADDRESS)	# 118 Key Largo FL		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B)  B. If amending the registered agent and/o	r registered of	fice address on our records, e	enter the nan	
registered agent and/or the new registered off	ice address here	<b>:</b>		
Name of New Registered Agent:	-N/A		001 2	O'Command
New Registered Office Address:		Enter Florida street address	<u> </u>	ñ q <b>l</b> € <del></del>
	_	, Florid		Ö
		City	Erri Zip Ço	ode
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered approvisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the recompany has been notified in writing of this company	agent and agre r and complete tered agent as p egistered office	performance of my duties, and I provided for in Chapter 605, F.S	am familiar Cor, if this de	with and ocument is

If Changing Registered Agent, Signature of New Registered Agent

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

		,	
MCD -	Manager		
MOK -	Manager		
AMRR =	<ul> <li>Authorized Member</li> </ul>	r	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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he date this do	cument is filed by the Florida Department of State)	after

Page 3 of 3

Filing Fee: \$25.00

SESSION OF STATE ALL ASSESSES FRANCES