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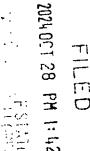
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COVER LETTER

Registration Section

TO:

Division of Cor	porations	,			
KEYS BEA	DS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MARK E KNEHER				
		Name of Person			
	KEYS BEADS, LLC				
		Firm/Company			
	3173 S Alabama Ave				
		Address			
	Homosassa, FL 34448				
		City/State and Zip Code			
	mkneher34@gmail.com				
		to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
MARK KNEHER		352 212-0265 at ()			
Name of Person		Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration So	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KEYS BEADS, LLC

company has been notified in writing of this change.

2024 OCT 28 PH 1: 42

(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L14000157607				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
ROLLS HAULING AND JUNK REMOVAL SERVICES, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3173 S Alabama Ave			
(Principal office address MUST BE A STREET ADDRESS)	Homosassa, FL 34448			
Enter new mailing address, if applicable:	3173 S Alabama Ave			
(Mailing address MAY BE A POST OFFICE BOX)	Homosassa, FL 34448			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am familiar with and			

If Changing Registered Agent. Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			□Remove
			Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
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