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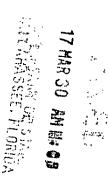
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COVER LETTER

TO: Registration Sec Division of Cor		
Keys ABCs		
SUBJECT:	Name of Limited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Diana Halenz	
	Name of Person	
	Diana M Halenz CPA	
	Firm/Company	
	766 Musa Drive	
	Address	
	Key Largo, FL 33037	
	City/State and Zip Code	
	diana@deepdivefinancial.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Diana Halenz	305 699-8323 at ()	
Name of	at () G Person Area Code Daytime Telephone Nu	imber
Enclosed is a check for th	he following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & cified Copy itional 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

KEYS ABCS LLC					
(Name of the Limited (A	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liab	oility Company were filed on _	11/04/2014	an	d assig	ned
Florida document number L14000171332	·				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability company	here:			
DIANA M. HALENZ, CPA, LLC					
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the	e designation "LLC" o	r the abbreviation	n "L.L.	C."
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST_BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	OX)		July y		
				7	
	•			75	*
B. If amending the registered agent and/or	registered office address	on our records,	enter the na	ım©ol	the r
registered agent and/or the new registered office	ce address here:		ار در اور اور اور اور اور اور اور اور اور او	1	2
			0.0		
Name of New Registered Agent:				Cir.	
New Registered Office Address:			300		
New Registered Office Address:	Enter F	lorida street address			
		, Flori	da		
	City	, 2 202	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.

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
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		4/1/2017				
ffective date, if other than an an effective date is listed, the date	te must be specific and c	annot be prior to date of fi	ing or more than 90 days	optional) after filing.) Pursu	ant to 60	5.0207 (
Note: If the date inserted in the locument's effective date on t			ory filing requirements	, this date will no	ot be list	ted as t
e record specifies a dela The 90th day after the		te, but not an effe	ctive time, at 12:0	01 a.m. on th	e earli	ier of:
Dated		,				
	, ,					
Di n	Signature of a mo	1 -/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00