

Office Use Only



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FILED

16 OCT 19 PM 3: 30

SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT OCT 19 2016

COVER LETTER

Division of Corpo		
Keys' Meads, SUBJECT:	, LLC	
SUBJECT.	Name of Limited Liability Company	
	mendment and fee(s) are submitted for filing. dence concerning this matter to the following:	
	Jeff Kesling	
	Name of Person	
	Keys' Meads, LLC	
	Firm/Company	
	217 Gasparilla Dr.	
	Address	
	Key Largo, Florida 33037	
	City/State and Zip Code Jkeslingjr@comcast.net	SECR SECR
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	DET 19 PR
Jeff Kesling	609 744 4957 at ()	NY OF STA
Name of P		
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, rificate of Status & tified Copy litional 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' Meads, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	nny as it now appears on our records.) Liability Company)
ne Articles of Organization for this Limited Liability Company orida document number L14000195605	were filed on 12/29/2014 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	99353 Overseas Hwy. Unit 12,
Principal office address MUST BE A STREET ADDRESS)	Key Largo, FL 33037
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	·
Name of New Registered Agent:	
New Registered Office Address:	SSS 19
	Enter Florida street address
	City , Florida
New Registered Agent's Signature, if changing Registered Agent:	Str. O

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
AMBR	Kesling, Robert B	217 Gasparilla Dr.	Add
		Key Largo, FL 33037	■ Remove
			□ Change
AMBR	Kesling, Jeffrey S, Sr.	2808 Somerset Dr.	
		Cinnaminson, NJ 08077	■ Remove
			Change
 			
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: If the date inserted in this be ment's effective date on the I	block does not meet the appli	cable statutory filing requ	irements, this date	ot B listçi
ment's effective date on the L	bepartment of State's record	5.	ASS	-9
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Oct 14th	2016		72"	ب
111	, <u> </u>	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00