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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ken Keller Construction and Remodel LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following.
Kenneth C. Keller Name of Person
Ken Keller Construction and Remodel LLC Firm/Company
106 SW Peacock Blvd, 201
Port Saint Lucie, FL, 34986 City/State and Zip Code
5+ Ka 3336 live.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth C. Keller at (772) 444-5225 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \\ (additional copy is en

MAHLING 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

Ken Keller Construction and Remodel LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ty Company were filed on June 25,2015 and assigned
Florida document number <u>L1500011028</u>	<u>32</u> .
This amendment is submitted to amend the following	g:
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:	<u> </u>
(Principal office address MUST BE A STREET AI	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
D. If amonding the registered agent and/or med	egistered office address on our records, enter the name of the ne
registered agent and/or the new registered office :	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
	1-1
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.

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>	<u>Address</u>	Type of Action
4 MBR	Tania V. Keller	1065wPeacockBlvd,201 Port Saint Lucie, FL, 34986	D Add
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and ete: If the date inserted in this block does not me nument's effective date on the Department of States.	et the applicable s	of filing or more than tatutory filing require	(optional) 90 days after filing, ements, this date) Pursuant to 605.
record specifies a delayed effective da The 90th day after the record is filed.	te, but not an	effective time, a	t 12:01 a.m. (on the earlie
ted April 10,	2017.			

Page 3 of 3

Filing Fee: \$25.00