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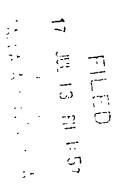
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COVER LETTER

TO:

	Registration'Se Division of Cor				
unir c	KESHAUS ENTERPRISES LLC				
SUBJEC	71:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		JESSICA KESLER			
			Name of Person		
KESHAUS ENTERPRISE			S LLC		
			Firm/Company		
		3007 105TH ST E			
		· · · · · · · · · · · · · · · · · · ·	Address	•	
		PALMETTO FL 34221			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		JESSICA.KESLER@OUTI	LOOK.COM to be used for future annual report notific	ration	
For furth	er information co	oncerning this matter, please ca	-	24(1011)	
JESSICA	A KESLER		727 642-1081		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	1: 57

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KESHAUS ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{06/21/201}{1}$	17	and assigned
Florida document number L1600001489 O	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	ion "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	_		-
B. If amending the registered agent and/or registered agent and/or the new registered office addresses agent and/or the new registered office addresses agent. Name of New Registered Agent:		records, enter	the name of the no
New Registered Office Address:			
	Enter Florida stre	vet address	Zip Code=
		, Florida	
Non-Decision of Association (C. Francisco)	City		Zip Code=
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my di ent as provided for in Chapte	uties, and I am fo er 605, F.S. Or,	amiliar with and if this document is
	If Changing Registered Agent, Si	gnature of New Rey	zistered 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
MGR	MORGAN KESLER	3007 105TH STREET E	
		PALMETTO FL 34221	■ Remove
			☐ Change
		·	Remove
			
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Add
			□ Remove -
			Change ○
			Add S
			Remove
			Change

refective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 to 1 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be light unent's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear the 90th day after the record is filed. 2017 Signature of a member or authorized representative of a member Typed or printed name of signee				_
ective date, if other than the date of filing:			<u> </u>	_
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Signature of a member or authorized representative of a member USSUA USUA Typed or printed name of signee				
Signature of a member or authorized representative of a member Signature of a member of a member Typed or printed name of signee	ed JULY 10TH , 2017			
Typed or printed name of signee	Justia.)	
Typed or printed name of signee :	Signature of a member or authorized representative of a member		-1	
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Filing Fee: \$25.00