116000080251

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Registration Section

Division of Corporations

TO:

	KEY INVESTMENT LLC			
SUBJECT:	Name of Lin	nited Liability Company	 	•
	Amendment and fee(s) are sub			
	_	•		
	NANCY CRUZ	N		
	KENDRA KEY INVESTI	Name of Person MENT LLC		
		Firm/Company		
	9851 GALLEON DRIVE			
		Address		
	WEST PALM BEACH, F.	L. 33411		2021 JUH TÄLL
		City/State and Zip Code		1- <u>2</u>
	gazu76@gmail.com			<u> </u>
	E-mail address: (to be used for future annual report not	ification)	₽
For further information c	oncerning this matter, please c	all:		: ;
NANCY CRUZ		561 568 6398 at ()		.မ. ထ မ
Name o	f Person	Area Code Daytin	ie 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)	Certified C	of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 819	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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

(A Florida Blanca Ba	ionity company)				
The Articles of Organization for this Limited Liability Company w Florida document number <u>L16000080251</u> .	rere filed on 04/25/2016		and	assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	" or the abbr	eviation	"L.L.C.	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	.,				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	-				
				•	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter</u>	the name	of the	new re	gister
Name of New Registered Agent:		:	_	292	
New Registered Office Address:				<u></u> :.:	
	Enter Florida street addres		:	C 1	
	, Flo	orida	· · · · · · · · · · · · · · · · · · ·	<u> </u>	- 4
New Registered Agent's Signature, if changing Registered Agent:	. Flo	: • ,	Zip Ca	% 	الحب
I hereby accept the appointment as registered agent and agree			<i>i</i> .	တ	
r nevery accept me appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, ar	id I am fai	niliar	with a	nd

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 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	FERNANDO CRUZ	9851 GALLEON DRIVE, WEST PALM BEACH	= Add
		FL. 33411	□Remove
			□Change
			□Add
		.	□Remove
			Change
			□Add
			- H
		-; -, -,	□ Add
			Change
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			□Change

Typed or printed name of signee