

L16000126313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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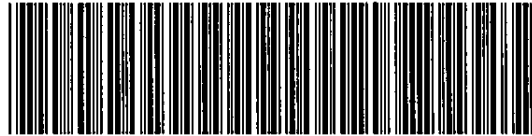
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Guy W. Norris

Tel: (386) 752-7240
Fax: (386) 752-1577

July 21, 2016

Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization of Keylock, LLC for
name change to Kealock, LLC
Florida Document No.: L16000126313
Date of Filing: July 1, 2016

Ladies and Gentlemen:

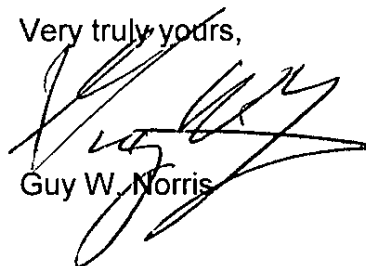
Enclosed are the Articles of Amendment to Articles of Organization of Keylock, LLC, changing the name of the company to Kealock, LLC.

Also enclosed is our check in the amount of \$25.00 representing the filing fee.

If you have any questions regarding this matter, please do not hesitate to contact me.

With best regards, I am

Very truly yours,



Guy W. Norris

GWN/pdw
Enclosures

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

KEYLOCK, 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 Company were filed on July 1, 2016 and assigned
Florida document number L16000126313.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KEALOCK, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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TAMPA, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 21, 2016

Guy W. Norris

Typed or printed name of signee

Filing Fee: \$25.00

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