

L16000155215

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GKW&H

GIBSON, KOHL, WOLFF & HRIC, P.L.
1800 Second Street, Suite 920
Sarasota, Florida 34236

Reply To:
P. O. Box 49823
Sarasota, FL 34230

MICHAEL HRIC
Attorney At Law

Telephone: (941) 954-1359

Fax: (941) 953-2501

October 7, 2016

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

Re: Keizer Management, LLC
Document # L16000155215

Dear Ladies and Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization for the above identified entity changing the name to the Manager's name from Francisc K. Szenes to Francisc Keizer and our check #1551 in the amount of \$55.00 for filing. Also enclosed is a copy for certification and our return, self-addressed envelope for return of a certified copy.

Should you have any questions or need any additional information, please do not hesitate to contact this office.

Very truly yours,



Michael Hric

MH/sam

Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEIZER MANAGEMENT, 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:

MICHAEL HRIC

Name of Person

GIBSON, KOHL, WOLFF & HRIC, P.L.

Firm/Company

1800 2nd Street, Suite 920

Address

Sarasota, Florida 34236

City/State and Zip Code

michaelhric@michaelhricesq.net

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Michael Hric

941

954-1359

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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**

KEIZER MANAGEMENT, 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 August 18, 2016 and assigned
Florida document number L16000155215.

This amendment is submitted to amend the following:

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:

(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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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>
MGR	Francisc K. Szenes	1800 2nd Street, Suite 920	<input type="checkbox"/> Add
		Sarasota, Florida 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Francisc Keizer	1800 2nd Street, Suite 920	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 7, 2016

Signature of _____

Signature of a member or authorized representative of a member

Michael Hric

Typed or printed name of signee