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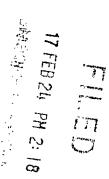
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i.			COVER LETTER	
TO:	Registration Se Division of Cor			
CHDI	KEYZAR I ECT:	LLC		
SUDJ	ECI:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
	•	ROBERT ZARRILLI		
		<u> </u>	Name of Person	
		KEYZAR LLC		
			Firm/Company	-
		1700 PALMER AVE		
			Address	
		WINTER PARK, FL 3278	9	
		ROBZ1010@AOL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
ROBE	ERT ZARRILLI		407 3460515 at ()	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
k \$2	5.00 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

KEYZAR LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 9/22/16	and assigned
Florida document number L16000177159	,	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
KEYZAR ENT LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
		7 7 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		- 0 11
		Albertal Arthurson 11
		100 Search
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
<u> </u>		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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			Remove
			Change
			Add Clark
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ffective date, if other than the da	te of filing: 2/21/17 .	(optional)	
an effective date is listed, the date must be lote: If the date inserted in this block	specific and cannot be prior to date of filing does not meet the applicable statutor	qoptional) ng or more than 90 days after filing.) Pursuant try filing requirements, this date will not b	to 605.0207 e listed as
ocument's effective date on the Depar			
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e record specifies a delayed ei The 90th day after the record		tive time, at 12:01 a.m. on the ϵ	artier of
FERRIJARY 21	2017		
rated FEBRUARY 21	,		
Mc	- nature of a member or authorized represe		

Page 3 of 3

Filing Fee: \$25.00