# L16000177159

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MAR 0 3 2017 S. YOUNG SECRETARY OF STATE FALLAHASSEE FLORIDA

## **COVER LETTER**

TO: Registration.S Division of Co.		*, **		
SUBJECT:	Keyzar Ent L Name of Lin	.LC	,	
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rober	Name of Person		
		Name of Person		
	Keyza	Firm/Company		
		гиписопірапу		
	1700 Palm	Address		= co
		City/State and Zip Code		T MAR -2 PM 1: 28
				2000 N
	robz 1010 (	acticam to be used for future annual report notifi	ication)	PK
For further information of	concerning this matter, please c	·		
Rob :	Zarrilli_	at (407) 346 - Area Code Daytime	0515	28
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 enclose	

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 En	T LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appe a Limited Liability Company	cars on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	9/22/16	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim  KEYZAR ENTERTANM	ENT LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	<u></u>		THE STATE OF THE S
Enter new mailing address, if applicable:	-		PROFESTELLIA
(Mailing address MAY BE A POST OFFICE BOX)			1:28
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
<del></del>			Add
		and Williams and a second	□ Remove
			☐ Change
			Change  Change  Add  Remove  Change  Add  Add  Add  Add  Add  Add  Add  A
			□ Remove
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•	TYPR-2 PH
	TO THE PERSON OF
	PR PR
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an el lote:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
ated	February 28, 2017.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00