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SECRETARY OF STATE

K. SALY NOV 2 9 2016

COVER LETTER

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	ration Sec on of Corp			
VE SUBJECT:	KEY, LLC			
SUBJECT;		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		JAKE FRIEND		
			Name of Person	
		VKEY, LLC		
•			Firm/Company	
		116 S. Orange Avenue		
			Address	
		Orlando, FL 32801	,	
			City/State and Zip Code	
		jakevgroup@gmail.com	to be used for future annual report not	titication)
For further info	rmation co	ncerning this matter, please c		
Jake Friend			407 572-1858	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a ch	reck for the	: following amount:		
■ \$25.00 Filii	ng Fec	□ \$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)
	Registra	NG ADDRESS: tion Section t of Corporations	STREET/COUR Registration Secti Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FALLAHASSEE, FLORIDA

VKEY, 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 Con	npany were fil	ed on 11/10/20	16	and assigned
Florida document number L16000206743	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	ed liability cor	npany here:		
The new name must be distinguishable and contain the words "Limited	d Liabihty Comp	any," the designa	tion "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>(33)</u>			
			- ~	
Enter new mailing address, if applicable:	***************************************			
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ss here:		records, enter	
New Registered Office Address:		Enter Florida su	veet address	
		, Florida Cuy Zip Code		
		•		Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agenties being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete perfort int as provide	nance of my a d for in Chapi	luties, and Lam _e er 605, F.S. Or,	familiar with and if this document is
-	If Changing Re	gistered Agent, <u>S</u>	ignature of New Ro	egistered 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>	Address	Type of Action
AMBR	Eddie Serrano	116) Spruce Road	
		Orlando, FL 32801	
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Effective date, if oth fan effective date is listed Note: If the date inserdocument's effective of	ted in this block do	oes not meet the app	plicable statutory fil	(option of the control of the contro	onal) filing.) Pursuant to 605.020 date will not be listed a
e record specifies The 90th day aft	a delayed effe er the record i	ective date, but s filed.	not an effective	e time, at 12:01 a	i.m. on the earlier o
November 18th		2016	·		
		(Uu)	}		
		2000 Em	inhorized representati		

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Filing Fee: \$25.00