## L170000 54655

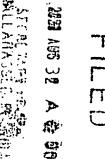
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
KEAP GRO	OUP, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
77			
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	ELEONORA MUNOZ		
		Name of Person	<u> </u>
	TAX SERVICES, LLC		
	*	Firm/Company	<u> </u>
	220 NE 51ST STREET		
		Address	<del></del>
	OAKLAND PARK, FL 3	3334	
		City/State and Zip Code	<del></del>
	erschadakbar@icloud.com		
For further information o		to be used for future annual report notif	ication)
	oncerning this matter, please c	aii:	
ELEONORA MUNOZ		954 271-4441 at ()	
Name o	f Person		: Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	dian.

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEAP GROUP, LLC			
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our rec nited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Com	pany were filed on MARCH 9, 20	and assi	igned
lorida document number L17000054655			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	.LC" or the abbreviation "1I	C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	(S)		
nter new mailing address, if applicable:		~	
Mailing address MAY BE A POST OFFICE BOX)		10 8 B	mercia.
		Mark No	-
	-	ing →	<u> </u>
. If amending the registered agent and/or registered of	fice address on our records, <u>ent</u>	er the name of the new	regist
ent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	dress	
<del></del>	City	Florida 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>	Address	Type of Action
MGR	PHAM KIEU VERONICA	5756 NW 49TH WAY	□Add
		COCONUT CREEK, FL 33073	Remove
			Change
MGR	JOSUE GONZALEZ	217 CENTRAL AVENUE	
		LYNBROOK, NY 11563	■Remove
		-	Change
	<del></del>		□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change
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<u>te:</u> I	ve date, if other than the date of filing:
cord s file	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 ed.
ed_	OS/25/2020 , 11:45am.  Ers I d D.  Signature of a member or authorized representative of a member
	Ershed A.
	Signature of a member or authorized representative of a member