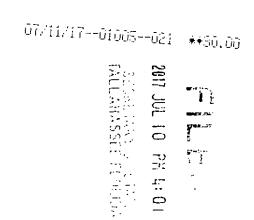
## L17000094624

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W. HARRIE

## **COVER LETTER**

TO: Registration S Division of Co			
G Kelly's	Enterprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gloria D. Kelly		
		Name of Person	
	G Kelly's Enterprises, LLC	,	
		Firm Company	<del></del>
	14550 SW 77th Street		
		Address	
	Miami, FL 33183		
		City/State and Zip Code	
	GKellysEnterprisesLLC@C	imail.com to be used for future annual report notif	icutom)
For further information	concerning this matter, please ca		(Canvil)
Gloria D. Kelly		305 297-2142	
Name	of Person	at () 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 radditional 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, Ft. 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

G Kelly's Emerprises, LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 5-1-2017	and assigned
florida document number L17000096624		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		2017
Principal office address MUST BE A STREET ADDRESS)		
		- <del>33</del> 5 <b>5 5 5 5</b>
Enter new mailing address, if applicable:	<del></del>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		enter the name of the
N D in I (NO) N. I.I		
New Registered Office Address:	Enter Florida street address	
	Flori	
	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>	Name	<u>Address</u>	Type of Action
AMBR	Joseph G. Kelly	14550 SW 77th Street, Miami FL [	<b>=</b> Add
			Remove
			Change
AMBR	Christian A. Claro	14039 SW 132nd Ave, Miami FL 3	■ Add
			Remove
			Change
			□ Remove
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ective date, if other reflective date is listed, t	the date must be specific	and cannot be prior	to date of filing or mor	e than 90 days after fil	ing.) Pursuant to 605.0	)207 (3)(
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Gloria D. Kel					SEC. 0	3

Page 3 of 3

Filing Fee: \$25.00