## 117000 117591

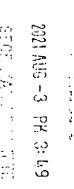
|                         | <u> </u>          |             |
|-------------------------|-------------------|-------------|
| (Red                    | questor's Name)   |             |
|                         |                   |             |
| (Add                    | dress)            |             |
|                         |                   |             |
| (Add                    | dress)            |             |
|                         |                   |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
|                         |                   |             |
| PICK-UP                 | MAIT              | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nar | ne)         |
| •                       | •                 | ,           |
| (Do                     | cument Number)    |             |
| (30                     | ounione rounion,  |             |
| C-attind Coulon         | Cartificato       | a of Status |
| Certified Copies        | _ Certificates    | S OI Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   | İ           |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



600370587026

08/03/21--01016--021 \*\*25.00



D. BRUCE AUG 14 2021

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |  |               |
|--|---|--|---------------|
|  | DESIGN & SERVICES LLC                             |  |               |
| SUBJECT:                               | Name of Lim                                       | ited Liability Company                                   |               |
| The enclosed Articles of               | Amendment and fee(s) are sub                      | mitted for filing.                                       |               |
| Please return all correspo             | ndence concerning this matter                     | to the following:  |               |
|  | WILLIAM O ACEVEDO                                 |  |               |
|  |   | Name of Person   |               |
|  | KEUKEN DESIGN & SEI                               | RVICES LLC   |               |
|  |   | Firm/Company   |               |
|  | 3825 NW 32ND AVE                                  |  |               |
|  |   | Address  |               |
|  | MIAMI FL 33142                                    |  |               |
|  |   | City/State and Zip Code                                  |               |
|  | WILLIAM@KEUKENDES                                 |  |               |
| For further information c              | E-mail address: ( oncerning this matter, please c | (to be used for future annual report notification)  all: | 2021<br>SEC   |
| WILLIAM O. ACEVED                      |   | 786 297-9965 291-9965                                    |               |
| Name o                                 | f Person  | Area Code Daytime Telephone Number                       | PK 3:         |
| Enclosed is a check for the            | he following amount:                              | r'',   |               |
| S25.00 Filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status      | (additional copy is enclosed) Certified                  | e of Status & |
| Mailing Addres                         |   | Street Address:  |               |
| Registration :<br>Division of C        |   | Registration Section Division of Corporations            |               |
| P.O. Box 632                           |   | The Centre of Tallahassee                                |               |
| Tallahassee,                           | FL 32314  | 2415 N. Monroe Street, Suite 8                           | 10            |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KEUKEN DESIGN & SERVICES LLC   |   |   |
|--|---|---|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim  | ompany as it now appears on our reco<br>ited Liability Company) | rds.)                                     |
| The Articles of Organization for this Limited Liability Comprovided document number <a href="https://example.com/limited-liability-complex-sub-united-liability-c&lt;/th&gt;&lt;th&gt;oany were filed on 05-30-2017&lt;/th&gt;&lt;th&gt; and assigned&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;This amendment is submitted to amend the following:&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;A. If amending name, enter the new name of the limited&lt;/td&gt;&lt;td&gt;liability company here:&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;The new name must be distinguishable and contain the words " i<="" limited="" td=""><td>Liability Company "the decimation "I I</td><td>I C" or the abbrauistion "I I C"</td></a> | Liability Company "the decimation "I I                          | I C" or the abbrauistion "I I C"          |
| Enter new principal offices address, if applicable:  | 3825 NW 32 AVE  | SC of the appreviation (E.E.C.            |
| Principal office address MUST BE A STREET ADDRESS  | MIAMI FL 33142  |   |
| · · · · · · · · · · · · · · · · · · ·  |   | 21.7                                      |
| Enter new mailing address, if applicable:  | REMAINS THE SAME  | φ (π) |
| Mailing address MAY BE A POST OFFICE BOX)  |   |   |
|  |   |   |
|  |   | r. (6)                                    |
| B. If amending the registered agent and/or registered off<br>agent and/or the new registered office address here:  | fice address on our records, <u>ent</u>                         | er the name of the new registe            |
|  |   |   |
| Name of New Registered Agent: REMAINS  | S THE SAME  |   |
| New Registered Office Address:   | Enter Florida street add  | ress                                      |
|  |   |   |
|  | 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> | Name             | Address                       | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| MGR          | JORGE I. BERRIOS | 3825 NW 32 AVE MIAMI FL 33142 | <b>\</b> Add   |
|              |                  |                               | □Remove        |
|              |                  |                               |                |
|              |                  |                               | □Change        |
| <del></del>  |                  |                               | 🗆 Add          |
|              |                  |                               | Remove         |
|              |                  |                               | Change         |
|              |                  |                               |                |
|              |                  |                               | □Remove        |
|              |                  |                               | □ Change       |
| <del></del>  |                  | <del></del>                   | 2021 Add 7     |
|              |                  |                               | Remove         |
|              |                  | <u>;</u>                      | ∴ Change       |
|              |                  |                               | ± 9            |
|              |                  |                               |                |
|              |                  |                               | □Remove        |
|              |                  |                               | □Change        |
|              |                  |                               | □Add           |
|              |                  |                               | □ Remove       |
|              |                  |                               |                |

|                                       | · · · · · · · · · · · · · · · · · · ·                     |   |
|---------------------------------------|---|---|
|                                       | _   |   |
|                                       |   |   |
|                                       |   |   |
|                                       |   |   |
|                                       |   |   |
|                                       |   |   |
|                                       |   |   |
|                                       |   | . 20  |
|                                       |   | 2021 AL   |
|                                       |   | Company (CO) consumer (CO) consumer (CO)  |
| -                                     |   |   |
| <del></del>                           |   | الله الله الله الله الله الله الله الله   |
| -                                     |   | 77.7.0  |
|                                       |   |   |
| ffective data if other than           | 07-28-2021  | (antional)  |
| an effective date is listed, the date | nust be specific and cannot be prior to date of filing of | (optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed as |
| ocument's effective date on the       | e Department of State's records.                          | g. roquitonio, mo anto ministro motor a   |
| record specifies a delayed effe       | ctive date, but not an effective time, at 12:01 a.        | .m. on the earlier of: (b) The 90th day after the   |
| l is filed.                           |   | (,  |
| 2 13 Med.                             |   |   |
|                                       | 2021  |   |
|                                       | . 2021  |   |
| Dated 07-28                           | Signature of a member or authorized representa            | stive of a member   |