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2017 JUN-9 PM 2:3
SECRETARY OF STATE

J. HARRIS

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KEERANHEOGEFUND LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julio Cesar Sequeira  Name of Person
KeeranHedgeFund Firm/Company
Firm/Company
1767 NW 37St Address
Address
City/State and Zip Code
City/State and Zip Code
Keeran Hedge Funda out look. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Folkin
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \$30.00 Filing Fee & Certificate of Status \$\times \$55.00 Filing Fee & Certificate of Status \$\times \$\times \$60.00 Filing Fee, \$\times \$\tim

#### 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

## ARTÍCLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Keerantledgefund Lu	<u>C</u>
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on way 30,2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Keeran LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1267 NW 3754 Minmi Florida 33142
(Princival office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1267 NW 3754 MIAMI Florida 33142
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Uhereby 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00