117000118336

| (Requestor's Name) | | | |
|-------------------------|-------------------|-----------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nam | e) | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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COVER LETTER

| TO: | Registration S Division of Co | | | | |
|--|----------------------------------|---|---|--|--|
| SUBJE | KEYLING | K LLC | | | |
| SUBJE | ↓]; <u></u> | Name of Lin | nited Liability Company | | |
| The encl | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | Monica E Harris | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 172 Elm Avenue | | | |
| | | | Address | | |
| | | Mount Vernon, NY 10550 | | | |
| | | keylingklle@gmail.com | City/State and Zip Code | | |
| For furth | ner information o | E-mail address: (concerning this matter, please c | to be used for future annual report notificall: | cation) | |
| Monica | E Harris | | 321 368-5887 | | |
| | Name o | of Person | | Telephone Number | |
| Enclosed | d is a check for t | he following amount: | | | |
| \$25. | 00 Filing Fcc | □ \$30.00 Filing Fee & Certificate of Status | Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | ration Section on of Corporations ox 6327 | STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassec, FL 3230 | tions | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KEYLINGK LLC | |
|--|---|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on our records.) da Limited Liability Company) |
| The Articles of Organization for this Limited Liability | Company were filed on 5/30/2017 and assigned |
| Florida document number L17000118336 | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| KEYLINGK Properties, LLC | |
| The new name must be distinguishable and contain the words "Lis | mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | RESS) |
| | |
| 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 add | istered office address on our records, enter the name of the ned dress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| - | City Zip Code |
| New Registered Agent's Signature, if changing Registers | ed Agent: |

New Registered Agent's Signature, it changing Registered Agent:

I hereby accept the appointment us 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 = A | IBR = Authorized Member | | |
|--------------|-------------------------|----------------|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| . If amending any other | information, enter change(s) here | : (Attach additional sheets, i) | [necessary.] |
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| Note: If the date inserted | than the date of filing: e date must be specific and cannot be prior to in this block does not meet the application the Department of State's records. | to date of filing or more than 90 days able statutory filing requirements | optional) s after filing.) Pursuant to 605.0207 (s, this date will not be listed as t |
| the record specifies a) The 90th day after | delayed effective date, but not the record is filed. | : an effective time, at 12: | 01 a.m. on the earlier of: |
| Dated July 12 | 2017 | _· _ | |
| | Signature of a member or autho | Jourland rized representative of a member | - · · · · · · · · · · · · · · · · · · · |
| | | Sargeant | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00