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(Decision F. Fig. Mann)
(Business Entity Name)
(Document Number)
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COVER LETTER

DIVISION OF COL	porations			
	KEY INVESTMENTS LLC			
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CARLOS M ATEHORTU	JA		
		Name of Person		
	STRONGKEY INVESTM	IENT LLC		
		Firm/Company		
	15491 DURANGO CIRC	LE		
		Address		
	BROOKSVILLE FL 3460	14		
		City/State and Zip Code		
	carlosatehortua17@gmail.c			
		to be used for future annual report notifica		
For further information c	oncerning this matter, please c	all:	1021 F	
Carlos M. atehortua		813 458-1928 at ()	2021 OCT SEGNAN	
Name o	f Person		elephone Number CT	***
Enclosed is a check for the	he following amount:		\$60.00 Filing Fee 7	J
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	op.	

TO:

Registration Section

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

STRONGKEY INVESTMENT L	LC			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)		
The Articles of Organization for this Limited	Liability Company were file	d on June 13, 2017	and ass	igned
Florida document number L17000129084	······································			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liability comp	pany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<u>(0 </u>	<u> </u>
Enter new mailing address, if applicable:		 	<u> </u>	<u></u>
(Mailing address MAY BE A POST OFFICE	<u> </u>		5	<u>. ur.</u>
				<u> </u>
			1.13	
B. If amending the registered agent and/or agent and/or the new registered office addr		n our records, <u>enter the</u>	name of the new	v-registered 4:
Name of New Registered Agent:	Olga L Atehortua Vice-pr	resident		
New Registered Office Address:	15491 Durango Circle			
		inter Florida street address		
	Brooksville	Floric		
	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 owns and or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Olga I. Atehortua	15491 Durango Circle Brooksville FL 34604	≘Add
			□Remove
			□Change
 			□Add
			□Remove
			Change
			□Add
			Remove TALL Charge
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Filing Fee: \$25.00