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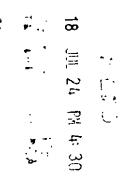
(Requestor's Name)				
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S. PRATHER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Key d U	o LLC (red 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:	
	Denise	Mitchell Name of Person	
	Key'd	Up, LLC	
	1921 5	Street Rd Address	
	Bensale	M PA 1903 City/State and Zip Code Spirits O Grant to be used for filture annual reportments	- <i>O</i>
	Key du/ E-mall address / n	o be used for finure annual reportunding	Mail. CoM
For further information c	oncerning this matter, please ca		
Denise 1 Name o	MITCHEII FPETSON	at 215 380 ·	- 0654 Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional 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, FL 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

K-	ey'd Up
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L176001</u>	oility Company were filed on 8 15 17 and assigned 5 le le 3 7
This amendment is submitted to amend the follow	24
A. If amending name, enter the new name of the	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Denise Mitchell	2310 Rittenhouse So Bensalem, PA 19020	🖰 Add
			□ Remove
		- <u></u>	Change
			□ Remove
			Change
			D Add
	•		_□ Remove
			_D Change
			
			_□ Remove
			_□ Change
			_□ Add
			Remove
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Page 3 of 3

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