## 117000156637

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2010 NOV 20 PM 5: 2: SECRETARY OF STAT

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## **COVER LETTER**

	Registration Sec Division of Corp		:				
CHID INC	Key'd Up, L						
SUBJEC	,1:	:					
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Denise Mitchell					
			Name of Person				
			Firm/Company				
		1921 Street Road					
		Bensalem, PA 19020	Address				
		denisemitch@comeast.net					
		E-mail address: (	to be used for future annual report notifi	eation)			
For furth	er information co	oncerning this matter, please co	all:				
Denise N	Mitchell		215 380-0654 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	e following amount:					
\$25.0	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

FILED

2018 NOV 20 PM 5: 23

Key'd Up, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALL MASSEE, FI

The Articles of Organization for this Limited Liability Company were	filed on 07/21/2017	and assigned
Florida document numberL17000156637		und using nod
This amendment is submitted to amend the following:		
This amendment is submitted to amend the tonowing.		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u> </u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	. <u></u> .	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the
registered agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Krystal Mitchell	2310 Rittenhouse Sq., Bensalem PA 19020	
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			Change
			Add
			☐ Remove
		<del></del>	□ Change
		<del></del>	Add
			□ Remove
			Add
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			Change
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an effe <u>ote:</u>	ve date, if other than the date of filing:
rec The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $90$ th day after the record is filed.
sted _	11/14/18
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00