L17000154637

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COVER LETTER

TO:	Registration Sec Division of Cor					
ct:bir	Key'd Up, L	LC				
acar	Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Krystal Mitchell				
		-	Name of Person			
		2310 Di 1	Firm/Company			
		2310 Rittenhouse Square				
		Bensalem, PA 19020	Address			
		keydupspirits@gmail.com	City/State and Zip Code	 _		
		E-mail address: (to be used for future annual report not	ification)		
For fur	ther information co	oncerning this matter, please ca	all:			
Denise	Mitchell		215 380-0654			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclose	ed is a check for th	ne following amount:				
☐ \$ 2:	5.00 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**

(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number L17000156637	n July 21, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	, 'òr
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, <u>enter the name of th</u>
Name of New Registered Agent:	
New Registered Office Address: Ente	r Florido street address
	Florida Zip Code

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
MGR	John Klinck	1921 Street Rd, Bensalem PA 19020	□ Add
			■ Remove
		1021 5 D.I. D D.A.	☐ Change
MGR	Denise Mitchell	1921 Street Rd. Bensalem, PA 19020	Add
			■ Remove
			□ Change
MGR	Krystal Mitchell	2310 Rittenhouse Sq., Bensalem, PA 19020	Add
			Remove
			Change
		<u> </u>	Add
			☐ Remove
			Remove
			□ Change
			Add
			☐ Remove
			Change

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	Denise Mitchell	

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Filing Fee: \$25.00