117000 156637

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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JC5 1-24-19

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Key'd Up. LLC | | |
|---|---|---|
| (<u>Name of the Limited Li</u> (A Fl | ability Company as it now appears on our records.) orida Limited Liability Company) | <u></u> |
| The Articles of Organization for this Limited Liabili | ty Company were filed on July 21, 2017 | and assigned |
| Florida document number L17000156637 | · | |
| This amendment is submitted to amend the following | ā. | |
| A. If amending name, enter the new name of the | limited liability company 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 AI | DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | | |
| | | |
| B. If amending the registered agent and/or r | | r the name of the ne |
| registered agent and/or the new registered office | address here: | 2019 FALL |
| | | TANK CRET |
| Name of New Registered Agent: | | S2/ 22 |
| New Registered Office Address: | | SSET B T |
| | Enter Florida street address | FE SI |
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| | 2, | * |

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 |
|--------------|------------------|--|--|
| MGR | Krystal Mitchell | 2310 Rittenhouse Square Bensalem PA 19020 | Add |
| | | | ■ Remove |
| | | | ☐ Change |
| MGR | Denise Mitchell | 2310 Rittenhouse Square Bensalem PA 19020 | Add |
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| D. II ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| (If an etic <u>Note:</u> | ive date, if other than the date of filing: |)207 (. 1 as tl |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed. | r of: |
| Dated . | 1/15/19 | |
| | Signapure of a member or authorized representative of a member | |
| | Krystal Mitchell | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00