

L17000233465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR -3 AM ID: 46

N COOPER

APR 04 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEY IN HAND CONSTRUCTION L.L.C
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERT P. LEAL

Name of Person

KEY IN HAND CONSTRUCTION

Firm/Company

14326 FISSORE BLVD

Address

WIMAUMA FL 33598

City/State and Zip Code

QualitySuccess21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT P. LEAL

Name of Person

at (904)

Area Code

450-1566

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 APR -3 AM 10:46

KEY IN HAND CONSTRUCTION LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/10/17 8:00 AM and assigned Florida document number L17000233465.

This amendment is submitted to amend the following:

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 ADDRESS)

623 Barkfield Loop
Brandon FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14326 FISSORE BLVD
WIMAUMA, FL 33598

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALBERT P. LEAL

New Registered Office Address:

14326 FISSORE BLVD.

Enter Florida street address

WIMAUMA, Florida FL 33598

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 being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERT P. LEAL	14326 FISSORE BLVD	<input checked="" type="checkbox"/> Add
		Wimauma FL 33598	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAQUEKIA L. BOYD	14326 FISSORE BLVD	<input type="checkbox"/> Add
		Wimauma FL 33598	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALL INFORMATION IS STAYING THE SAME
I JUST WANT TO REMOVE
- SHAQUEKIA L. Boyd as Authorized Person
And Add myself (ALBERT P. LEAL)
As a Authorized Person

FILED
18 APR -3 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

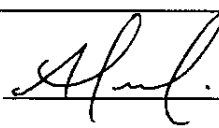
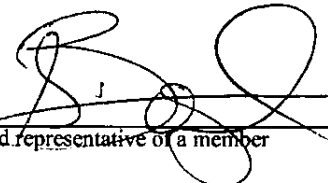
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____

 
Signature of a member or authorized representative of a member

ALBERT P. LEAL SHAQUEKIA Boyd
Typed or printed name of signee