## 117000259629

(Re	equestor's Name)	
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SECRETARY OF STATE
DIVISION OF CORPORATION

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## **COVER LETTER**

Division of Co	porations		
VEVWIN	IVECTMENITS LLC		
SUBJECT: KEYW IN		ited Liability Company	
	,	,,,,,,,,,,,,,,,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Cristina Teixeira		
		Name of Person	
	US Tax Advisors LLC		
		Firm/Company	
	999 Brickell Ave suite 410	, .	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	**
	cristina@2atax.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Cristina Teixeira	f Person	at ( 305 ) 323-9372 Area Code Daytime	Telephone Number
Name	it i cison	Alca code Dayinic	retephone (value)
Enclosed is a check for the	ne 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

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

KEYW INVESTMENTS LLC			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited I	Liability Company were file	ed on 12/20/2017	and assigned
Florida document number L17000259629	·		
Γhis amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u></u>	
Principal office address MUST BE A STRE	ET ADDRESS)	<u></u>	0
			VIS C
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		DRP OF
			<b>99</b> RA A B B B B B B B B B B B B B B B B B
			<del>-</del> ¥"
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office add	ress on our records, enter	the name of the ne
egistered agent unwor inte new registered	mice addi ess nere.		
Name of New Registered Agent:			
New Registered Office Address:	999 Brickell Ave suite 41	0	
New Registered Office Address:		Enter Florida street address	
	Miami	, Florida <sup>331</sup>	31
	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 Title Name **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

☐ Change

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	A REG
fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior to date of filing or more to	(optional) than 90 days after filing.) Pursuant to 605.020
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	quirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
ated April 26 , 2018 .	
Plat	
Signature of a member or authorized representative of a	member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00