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| (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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Office Use Only



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D SCOTT MAY 2 3 2019

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: ADMMS Keel LLC 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: |
| ADAMAS Rock IIC Minster |
| 5180 W. ATLANTIC AVC 5VITC 113 Address Address City/State and Zip Code Kouracles Q Aul. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter please call: |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$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 Compar | ny as it now appears on our | records.) | |
|---|------------------------------------|--------------------------|-------------------|
| (A Florida Limited L | iability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on <u>12-</u> 2 1/83 | 27-2-19 | _ and assigned |
| This amendment is submitted to amend the following: | | : | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | |
| | | | |
| The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguishable and | ity Company," the designation | on "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | P | |
| (Principal office address MUST BE A STREET ADDRESS) | | · | |
| 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 of registered agent and/or the new registered office address here | | ecords, <u>enter the</u> | e name of the new |
| Name of New Registered Agent: | N/n | | |
| New Registered Office Address: | Enter Florida stree | ot addrace | |
| | 2,711.7 1 177 1101 117 11 | | |
| | | , Florida | Zip Code |
| | 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 AMBA | Name 2 | Address 440 NW 67th St Unit 20 | Type of Action る |
|---------------|------------------|---|---------------------|
| | Petros Kouracles | Address 440 NW 67th St UNit 20 BOLA RAton, FL 33487 | _Add |
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|). It ame | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: 4/30/20/9 (optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | 5-7 2019 |
| | |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signec |

Page 3 of 3

Filing Fee: \$25.00