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NEVALUATION STATE
ATTEMATICS FOR STATE

K. SALY APR 3 2018

COVER LETTER

Divis	ion of Corp			
	Key Bookke	epers LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Anicles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ıll correspor	ndence concerning this matter	to the following:	
		Laura Rice		
	1		Name of Person	_
		Key Bookkeepers LLC		
		 	Firm/Company	
		8443 Ibis Cove Cir		
			Address	
		Naples, FL 34119		
		KeyBookkeepers@gmail.cc	City/State and Zip Code	
	1		to be used for future annual report notif	ication)
For further inf	ormation co	ncerning this matter, please ca	all:	
Laura Rice			239 298-3917	
	Name of	Person	at () Area Code Daytime	: Telephone Number
			·	·
Enclosed is a c	check for the	e following amount:		
≘ \$25.00 Fil	ing 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)
	Registra	NG ADDRESS: ation Section of Corporations x 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	n ations
	Tallabas	ssee, FL 32314	2661 Executive Cer Tallahassee, FL 321	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

18	FIL APR-2	ED
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Keynonkeepeis 1.1.3.			1967 4 1960 1 16
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears (Limited Liability Company)	on our records.)	CONTRACTOR STATE
The Articles of Organization for this Limited Liability Co	ompany were filed on Marc	ch 26, 2018	and assigned
Florida document number	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	:	
Key Bookkeepers LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>ent</u>	er the name of the ne
registered agent and or the new registered office additi	ess nere:		
Name of New Povietered Agent:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	Enter Purta	a street ataress	
	City	, Florida	Zip Code
	•		72p Cont
Now Projectored Agentle Signature if changing Projectored			
	<u>-</u> _		
I hereby accept the appointment as registered agent a	und agree to act in this ca		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all stat des relative to the proper and coacept the obligations of my position as registered ago being filed to merely reflect a change in the registered	and agree to act in this ca complete performance of m ent as provided for in Ch	y duties, and Lar apter 605, F.S. C	n familiar with and Fr, if this document is

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>Narpe</u>	<u>Address</u>	Type of Action
			Remove
			Change
			Remove
			Change
			三 三 三 二 二 二 4 dd 一
			Add The Remove To Change
			一
			□ Add
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			☐ Change
			□ Remove
			☐ Change
			☐ Remove
		 	Change

D. If an	nending an	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Name was	intered by state as all one word. Please ensure this time that it is entered as 2 words.
•		
		
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		ş -
E. Effec	tive date. i	other than the date of filing:(optional)
(If an c	effective date i	stated, 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) inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
		ive date on the Department of State's records.
		if es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
	March 29	2018
Date	d	··
		Laura Rice
		Signature of a member or authorized representative of a member
	Laura	
		Typed or printed name of signee
		ryped or printed name or signee
		Page 3 of 3
		PAGE AND A

Page 3 of 3

Filing Fee: \$25.00