## L180000 77735

| (Re                     | questor's Name)   |           |
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| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone |           |
|                         |                   | ·         |
| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nar | ne) .     |
| (Do                     | cument Number)    |           |
| (50                     | coment Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
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## **COVER LETTER**

TO:

| TO: Registration S Division of Co    | rporations                                   |   |   |     |
|--------------------------------------|--|---|---|-----|
| SURJECT: Currer                      | d : Katherine L Bw                           | uns LLG - chang   | ging to: Katie Keith L  | L   |
| 3013te1                              | Name of Lim                                  | ited Liability Company  | ging to: Katie Keith L<br>iternative: Katie L.Keith U   | َ ع |
| The enclosed Articles of             | Amendment and fee(s) are sub                 | mitted for filing.  |   |     |
|                                      | ondence concerning this matter               | •   |   |     |
|                                      | K  | tie Keith   |   |     |
|                                      |  | Name of Person  |   |     |
|                                      |  | Firm/Company  |   |     |
|                                      | 9.   | 708 CR 121  |   |     |
|                                      | 1.0  | Address   | 700   |     |
|                                      | <i>W</i>                                     | lildwood, FL 34   | 185   |     |
|                                      | 1  | City/State and Zip Code<br>bwns @ thevil                            | lanes com   |     |
|                                      | E-mail address: (                            | to be used for future annual re                                     | port notification)  |     |
| For further information              | concerning this matter, please c             |   | •   |     |
| Katie                                | Keith  | at (352)  | 321 - 9744<br>Daytime Telephone Number  |     |
| Name                                 | of Person                                    | Area Code   | Daytime Telephone Number  |     |
| Enclosed is a check for t            | the following amount:                        |   |   |     |
| \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | )   |
| <u>Mailing Addre</u><br>Registration | <del></del>                                  | Street Add<br>Registrati  | ress:<br>ion Section  |     |
| Division of (                        |  | _   | of Corporations   |     |
| P.O. Box 63                          |  |   | re of Tallahassee   |     |
| Tallahassee,                         | FL 32314                                     | 2415 N. I   | Monroe Street, Suite 810  |     |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT NC

| ARTICLES | OF ORGANIZATI | ( |
|----------|---------------|---|
|          | OF            |   |

|  | BumsLLC  | 2003 3111 17 AH 8: 04               |
|--|--|-------------------------------------|
| (Name of the Limited (A  | Liability Company as it now appears on our red<br>Florida Limited Liability Company) | tords.)                             |
| The Articles of Organization for this Limited Liab Florida document number         | ·  | 18 and assigned                     |
| This amendment is submitted to amend the follow                                    |  |                                     |
| A. If amending name, enter the new name of th                                      | e limited liability company here:  |                                     |
| Katie Keith LLC  |  |                                     |
| The new name must be distinguishable and contain the word                          | s "Limited Liability Company," the designation "                                     | LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicab                                   | le: 9708 CR 121  |                                     |
| (Principal office address MUST BE A STREET   | ADDRESS) Wildwood, f   | -L 34785                            |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 9708 CR 121<br>Wildwood F  | L 34785                             |
| B. If amending the registered agent and/or regi                                    | stered office address on our records, <u>en</u>                                      | iter the name of the new registered |
| agent and/or the new registered office address b                                   | <u>iere</u> :  |                                     |
| Name of New Registered Agent:  |  |                                     |
| New Registered Office Address:   | 9708 CR121  Enter Florida street ad  | dress                               |
|  | Wildwood   | Florida 34795                       |
|  | 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 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 |
|--------------|-------------|----------------|----------------|
|              | <del></del> |                | □Add           |
|              |             |                | □Remove        |
|              |             |                | Change         |
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|              |             |                | □ Change       |

| r amend                          | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                |
|----------------------------------|---|
|                                  | I'm amending the name of my UC from   |
|                                  | Katherin L Burns LLC TO: Kathe Keith LLC  |
|                                  |   |
|                                  | If Katie Keith LLC is not available alternative   |
|                                  | is: Katie L Keith LLC   |
|                                  | I'm updating my address to: 9708 CR121  |
|                                  | Wildwood, FL 34785  |
|                                  | <del></del>   |
| <del></del>                      |   |
|                                  |   |
|                                  |   |
|                                  |   |
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|                                  |   |
| fan effecti<br><u>Note:</u> If t | date, if other than the date of filing:   |
| record sp<br>d is filed.         | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                            | August 14 2020  |
|                                  | Jagn-   |
|                                  | Signature of a member or authorized representative of a member  Katherine L Keith   |
|                                  | Typed or printed name of signee   |