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COVER LETTER

TO: Registration S Division of Co			
JOEL K. I	KEETON, LLC		
Sobite i.		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Pamela Keeton		
	JOEL K. KEETON, LLC	Name of Person	
	425 Westminster Rd	Firm/Company	
	Fort Walton Beach, FL 32:	Address 547	
	keetonjk@cox.net	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Joel Keeton		at () 226-6702 Area Code Daytime	
Name	of Person	Area Code Daytime	e 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



JOEL K. KEETON, 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 6 June 2018	and assigned	
Florida document number L18000140700			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	addraws	
	City	, Florida Zip Code	
	·	ZIp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this capacity	. I further agree to comply with the	

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>	Type of Action
AMBR	Joel K. Keeton	425 Westminster Rd. Fort Walton Beach, FL 32547	
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Effective date if other than	the date of fil	ling		(aption	aD
Effective date, if other than (If an effective date is listed, the date	must be specific	and cannot be prior	to date of filing or mo	re than 90 days after fi	ing.) Pursuant to 605.0207
Note: If the date inserted in thi document's effective date on th			ible stanitory filing	requirements, this o	ate will not be listed as
the record specifies a dela) The 90th day after the			t an effective ti	me, at 12:01 a.r	n. on the earlier of
Dated 2 November		2018			
Pamila - M	* +	1			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00