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EXAMINER

COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC	Florida Ne	w Keys, LLC		
SUBJEC	- I	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	cturn all correspo	ondence concerning this matter	to the following:	
		Traci de Wid		
			Name of Person	
		Traci de Wid, PLLC		
Firm/Company			Firm/Company	
		7250 Red Bug Lake Rd. #1	1000	
			Address	
		Oviedo, FL 32765		
			City/State and Zip Code	
		traci@newkeys-fl.com	to be used for future annual report notifi	
ti sa Gamb			•	cation) S
		concerning this matter, please ca		=
Traci de	· Wid		407 579-8600 at ()	
	Name c	of Person	Area Code Daytime	Telephone Number 00
Enclosed	l is a check for t	he 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)
		ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Keys Florida. 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 8/31/2018 and assigned Florida document number Lt8000209041

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Traci de Wid. PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	Cin	. Florida
New Registered Office Address:	Enter Florida street d	adress
Name of New Registered Agent:		

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, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filir	(optional) ng or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	y filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
9/5/2018	
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee