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(Re	equestor's Name)	
(Ad	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TQ: Registration Se Division of Cor				(e),;
SUBJECT: Z	eaction Dru Name of Lim	enc Solvtions ited Liability Company	Puc	SER TO PA TO PA
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		19 P
Please return all correspo	ondence concerning this matter	to the following:		***
		Name of Person	·	
	Keaction	n Drow Solution Firm/Company	15 PLLC	
	4061 Es	faneia Way	 .	
	Mc/bourne	EFLORION 329 City/State and Zip Code	34	
	<u> </u>	to be used for future annual report notifi	1 ication)	
For further information c	oncerning this matter, please ca	all:		
Blen E Name o	1/16 f Person	at (<u>32/</u>) <u>4\$2</u> Area Code Daytime	- 6915 Telephone Number	
Enclosed is a check for the	ne 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 Certificate of Certified Cop (additional copy	f Status &

MAILING ADDRESS:

TQ:

Registration Section

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

Keaction Dro	one Dolutions PLLE &
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on May 30, 2014 and assigned
119 opp 1111	and assigned
Florida document number <u>L1900014419</u>	B .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	uited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	
- 	Enter Florida street address
	, Florida
	Core Zin Codo

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		

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amy Ellis	4061 Estancia Way	🗆 Add
		4061 Estancia Way Melbourne FL 32934	Remove
			Change
			Add
			🗖 Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			_□ Remove
			_□ Change

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n effecti te: If t	date, if other than the date of filing:
recor he 90	d specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier of 0 th day after the record is filed.
.ed	Sept 11 2019
	Sept 11 2019.
	Signature of a member or authorized representative of a member
	Gley Ellis