

L19 000 173 006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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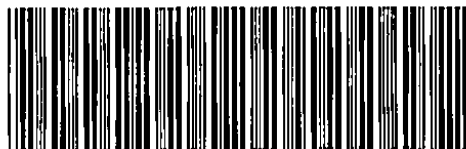
(Business Entity Name)

(Document Number)

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SEC  
TALLAHASSEE, FL

OCT 02 2019

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MASTER KEE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIME ARTURO CONTRERAS

\_\_\_\_\_  
Name of Person

PEMBROKE PINES, FL 33028

\_\_\_\_\_  
Firm/Company

17129 NW 23RD ST

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33028

\_\_\_\_\_  
City/State and Zip Code

master.kee.store@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME ARTURO CONTRERAS

945 766-970

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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**

MASTER KEE 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 07/03/2019 a  
Florida document number L19000173006.

This amendment is submitted to amend the following:

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

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

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 office address on our records, enter the na  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CENTRO DE NEGOCIOS Y SERVICIOS HISPANOS INC

New Registered Office Address:

5758 S SEMORAN BLVD

*Enter Florida street address*

ORLANDO

*City*

Florida 32822

*Zip C*

**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 co  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia  
company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered

**MGR = Manager**  
**AMBR = Authorized Member**

Page 2 of 3

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 12 2019

*[Handwritten signature]*

Signature of a member or authorized representative of a member

JAIME ARTURO CONTRERAS

Typed or printed name of signee