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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kelsey Enterprises 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:
Saint - Julia Vilnet Name of Person
Kelsey Enterprises LLC Firm/Company
1494 SW 25TH AVE
Deerfield Beach FL 33442 City/State and Zip Code Kelseventer Dises 1 Egmail. Com E-mail address: (to be used for future annual repurpositication)
For further information concerning this matter, please call:
Saint - Julia Vilnet at (954) 643, 9629 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee S255.00 Filing Fee Fee S255.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kelser Enterprises LLC



21 APR 12 AM 11:50

(Name of the Limited Liabilit (A Florida	(v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>し 190001843</u>	ompany were filed on <u>D7/17/2019</u> and assigned <u>57</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida sireet address
	, Florida
	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 21 APR 12 MAII: 50 <u>Title</u> <u>Address</u> Type of Action Olumoseyi Stephen 21 APR 12 FAIT TYPE OF OLUMOSEYI STEPHEN 1494 SW 25TH AVE SAND Deerfield Bch., FL 33442 Remove

e date, if other than the date of filing: (to date is listed, the date must be specific and cumot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list if seffective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the state of the second of the se	
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