MM 0000 192625

(Re	equestor's Name))
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	E	1 10/13
		,

Office Use Only



300391335483

07/22/22--01619--039 ---00.00

2022 JUL 22 FH 4: 31

COVER LETTER

vision of Corp	porations		
	Name of Limi	ited Liability Company	
d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
n all correspo	ndence concerning this matter	to the following:	
Division of Corporations Kesue Services LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. stern all correspondence concerning this matter to the following: Steven M Roth Name of Person Kesue Services LLC Firm/Company 16872 NW 302ST Address Okeechobee Florida 34972 City/State and Zip Code Kesuestriping@gmail.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Roth Name of Person Area Code Daytime Telephone Number S 50.00 Filing Fee Certificate of Status Certified Copy (radditional copy is enclosed)			
		Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indiment and fee(s) are submitted for	
	Kesue Services LLC		
		Firm/Company	
	16872 NW 302ST		
		Address	
	Okeechobee Florida 34972		
		City/State and Zip Code	
		to be used for future annual report notifi	cation)
nformation co			
1		at ()	
Name of	Person	Area Code Daytime	Telephone Number
a check for th	e following amount:		
Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Kesue Servi d Articles of a n all correspon	Name of Limit	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Steven M Roth Name of Person Kesue Services LLC Firm/Company 16872 NW 302ST Address Okeechobee Florida 34972 City/State and Zip Code Kesuestriping@gmail.com E-mail address: (to be used for future annual report notifinformation concerning this matter, please call: 1

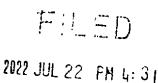
TO:

Registration Section

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



Kesue Services 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 ²⁰¹⁹ ___ and assigned Florida document number 1.1900192628 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 abbreviation "L.L.C." 16872 NW 302ST Enter new principal offices address, if applicable: Okeechobee, Florida (Principal office address MUST BE A STREET ADDRESS) 34972 16872 NW 302ST Enter new mailing address, if applicable: Okeechobee, Florida (Mailing address MAY BE A POST OFFICE BOX) 34972 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: Steven M Roth Name of New Registered Agent: 16872 NW 302ST New Registered Office Address: Enter Florida street address

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.

Citv

Okeechobee

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>	Name	Address	Type of Action
MGR	Steven M Roth	16872 NW 302ST Okeechobee Fl. 34972	≣Add
			□Remove
			□ Change
MGR	Keith R Proske	2916 Peek Rd Fort Pierce FL 34981	
			\(\exists Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
.			□Add
			□Remove
			□ Change

Keith R Proske is no longer a	ffiliated in any way with Kesi	ue Services LLC		
.				
				
·	. <u> </u>			
 				
			-	
		-		
	7/7/2022			
ective date, if other than the effective date is listed, the date mus e: If the date inserted in this blument's effective date on the De	date of filing: t be specific and cannot be prior toock does not meet the applica	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	o 605.02 e listed
cord specifies a delayed effectiv s filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the e	—— arlier of: (b) The 90th day	r after th
ed July 7th	2022	_·		
1.14	Signature of a member or author			

Filing Fee: \$25.00