

9/17/24, 4:46 PM

Division of Corporations

L19000203436
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000317207 3)))



H240003172073AEC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

2024 SEP 18 PM 12:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:alan@larsonacc.com

RECEIVED

2024 SEP 18 AM 8:20

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KEENES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON
SEP 18 2024

Electronic Filing Menu

Corporate Filing Menu

Help

((H24000317207 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KEENES 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 08/09/2019 and assigned
Florida document number L19000203436.

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."

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

((H24000317207 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H24000317207 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICARDO CORREIA RIMOLI	7901 KINGSPONTE PKWY	<input type="checkbox"/> Add
		STE 17	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
MGR	PRISCILLA MENDES FARIA	7901 KINGSPONTE PKWY	<input checked="" type="checkbox"/> Add
		STE 17	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 SEP 18 PM 5:05
STATE OF FLORIDA
TALLAHASSEE, FL

((H24000317207 3)))

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

FILED
2024 SEP 18 PM 12:05
SEAL OF THE STATE
TALLAHASSEE FL

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record 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 record is filed.

Dated AUGUST 8

2024

Signature of ~~member~~ or authorized representative of a member

CLEBER DA SILVA FARIA

Typed or printed name of signee

((H24000317207 3)))