

L19000234643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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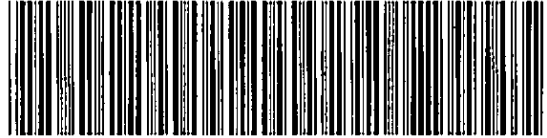
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

D. BRUCE  
NOV 03 2020

# Samuel D. Navon, P.A.

ATTORNEYS AT LAW

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Samuel D. Navon

September 24, 2020

VIA Regular Mail

Florida Department of State  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Carefield Ventures, LLC change of name amendment to Keylife  
Resources, LLC;  
Document #: L19000234643  
FEI/EIN Number: 84-3290966  
Date Originally Filed: 09/17/2019  
Our File No. 247.001

Dear Sir or Madam:

With regard to the above, enclosed please find for filing Articles of Amendment to Articles of Organization of Carefield Ventures, LLC, a Florida limited liability company, together with this firm's trust account check in the amount of \$25, representing the filing fee.

In the event you have any questions, please do not hesitate to contact the undersigned.

Thank you for your assistance in this matter.

Very truly yours,

SAMUEL D. NAVON, P.A.

Samuel D. Navon

Enclosures

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TALLAHASSEE  
FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Carefield Ventures, 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 September 17, 2019 and assigned  
Florida document number L19000234643.

This amendment is submitted to amend the following:

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

KeyLife Resources, LLC

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*

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 Changing Registered Agent, Signature of New Registered Agent

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

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FL

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**E. 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 September

2020

24 2020  
Signature of a member or authorized representative of \_\_\_\_\_

Kevin Singer

Typed or printed name of signee

**Filing Fee: \$25.00**