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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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<u> </u>	ocument Number)	
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COVER LETTER

Registration Section

TO:

Division of Cor	rporations	•	
	erty Restoration & Constructi	on LL'C	•
SUBJECT:	Name of Lim	ited Liability Company	20 1114
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Douglas Benjamin Case	у	
	Name of Person		
	Kea Property Restoration & Construction LLC		
		Firm/Company	
	3201 Hwy 98, Unit A		
		Address	
	Mexico Beach, FL 32456	5	
		City/State and Zip Code	.
	jolson@caseycivil.com	. <u>.</u>	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Douglas Benjamin Ca	sey	281 216-2865	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kea Property Restoration & Construction 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 10/22/2019 and assigne Florida document number L19000265191 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 "LLC." 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 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

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>	<u>Name</u>	Address	Type of Action
MGR	Ronald Miles	4745 N Burt PI	
		Eagle, ID 83616	■Remove
			□Change
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			□Remove
			Change
			⊡Add
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			□Remove
			□Change
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			□Remove
			Change
			□Add
			□Remove
			□Change

i ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ian ef	ive date, if other than the date of filing:
ocum	ient's effective date on the Department of State's records.
recor	d 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 led.
ated	12/23/2019
	Signature of a member of authorized representative of a member
	Typed or printed name of signee