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2021 DEC -7 AM 9: 00 SEGNETYNY OF STA

COVER LETTER

TO:

Registration Section
Division of Corporations

- · · · · · · · · · · · · · · · · · · ·				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
(additional copy is enclosed) Certified Copy				
		Name of Person		
		Firm/Company		
	3948 3RD STREET SOUT	TH #334		
		Address		
		•		
			tication)	
For further information c		·	incutory	
Corinne Tesh				
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25,00 Filing Fee		Certified Copy	Certificate of Status &	
Registration !	Section	Registration Se		
Division of Corporations			•	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KESWICK MANAGEMENT, LLC

2021 DEC -7 AM 9: 00

(<u>Name of the Limit</u>	(A Florida Limited Liability Company)	SECRETARY OF STALE TALL AS A SECRETARY
The Articles of Organization for this Limited L Florida document number L20000023013		
This amendment is submitted to amend the foll		
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company." the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre		er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	 Enter Florida street add	dress .
	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 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>	<u>Address</u>	Type of Action
MGR	Corinne S Tesh	3948 3RD STREET SOUTH #334	= Add
	Corinne S Tesh	JACKSONVILLE, FL 32250	□Remove
			□Change
			□ Add
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			□ Add
			□Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>	
	·	
DO .41 .		
an effect ote: - If	e date, if other than the date of filing:	
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.	the
ited 📐	m 29 000/	
Χ	Signature of a member or authorized representative of a member	
	Signature of a memori of authorized representative of a member	
	1 Salar 1866	