## L20000080935

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## **COVER LETTER**

TO: Registration Section Division of Corporation			
Ke.	Dona Dona	Solutions	10
SUBJECT: Keys			<u>-L-C</u>
		, ,	
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	:: O \		
	Chenne Faul	Name of Person	
	Division of Corporations  CT: Keys Open Door Solutions LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  etturn all correspondence concerning this matter to the following:  Etienne Paul  Name of Person  Keys Open Door Solutions LLC  Firm/Company  1126 S tederal Hux # 506  Address  Fort Luxlandak FL 33316  City/State and Zip Code  Keys Open Moors Solutions a mail com  E-mail address: (to be used for future should report notification)  her information concerning this matter, please call:  Area Code  Daytime Telephone Number  d is a check for the following amount:		
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	,	Firm/Company	
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	11/26 2 18CK/41	Address	<del> </del>
	Fort Lauderda	k FL, 33316	
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	Keysopindoassa	olutions@amail co	m
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For further information con	cerning this matter, please ca	ll:	
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Name of P	erson		
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keys Open Door Solution (Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on March 12,2020	and assigned
Florida document number <u>L_20000080935</u> .	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbi	reviation "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 adeagent and/or the new registered office address here:	dress on our records, <u>enter the name</u>	of the new registered
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 provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	erformance of my duties, and I am fai ovided for in Chapter 605, F.S. Or, if	miliar with and Tthis document is

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	Eticnne Paul	2061 W Atlantic Blud Axt	30H BAdd
		Pompuno beach FL 33069	□Remove
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f an eff Note:	ive date, if other than the date of filing: AUCIUST 27, 2000 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record rd is fil	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 ed.
Dated .	9t:/ /s
	Signature of a member or authorized representative of a member