## L20000118571

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## **COVER LETTER**

TO:	Registration So Division of Cor		<i>\$</i>						
	Susan Kay								
SUBJECT: Name of Limited Liability Company									
The on	closed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please	return all correspo	ondence concerning this matter	to the following:						
		Susan Kay							
			Name of Person						
		Susun Kay LLC							
			Firm/Company		_				
		1364 NW 121st Way			7				
			Address	····					
		Gainesville, FL 32606							
		<del></del>	City/State and Zip Code						
		stevenkay4099@gmail.con							
		E-mail address: (	to be used for future annual	report notification)	بف				
For fur	ther information c	oncerning this matter, please co	aff:						
Susan Kay			727 24 at ()	93842					
	Name o	f Person	Area Code	Daytime Telephone Numb	er				
Enclos	ed is a check for th	ne following amount:							
<b>∓</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy tadditional copy is enc	Certific closed) Certific	Filing Fee, cate of Status & cd Copy al copy is enclosed)				
Mailing Address:		Street A							
Registration Section				ation Section					
Division of Corporations P.O. Box 6327				n of Corporations ntre of Tallahassee					
Tallahassee EU 32314			2415 N. Monroe Street, Suite 810		810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ay)
The Articles of Organization for this Limited Florida document number 1,20000118571	Liability Company were filed on	5/4/2020 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>r here</u> :
		~7,
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	,
Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addr		r records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Steven Kay	
New Registered Office Address:	1364 NW 121st Way	
	Enter	Florida street address
	Gainesville	. Florida 32606
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Sman United C

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.

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	Steven Kay	1364 NW 121st Way Gainesville, FL 32606	■Add
			□Remove
			□Change
MGR	Darren Kay	12558 NW 7th Place Newberry, FL 32669	<b>=</b> Add
			□Remove
			Change
			i ⊡Remove
			□Change
			□Add
			□Remove
			🗆 Change
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			🗆 Add
		<del></del>	□Remove
			□ Chango

Typed or printed name of signee