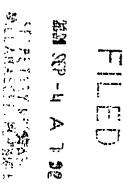
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
rtified Copies Certificates of Status
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OCT TO THE

COVER LETTER

O:

Registration Section Division of Corporations

UBJECT:	Casy Ker	Holdings LL	<u>C</u>
	_Name of Lim	iilad Liability Company 🜙	
he enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	This	Name of Person	
	Cas	Key Holdwas	LLC
	4330 Gamo	sell Dr. Milbourg	16 E(32935
	Melbur	City/State and Zip Code	
	Casakoutt	ld nas LLC amount of the last	ed. Cury
or further information co	oncerning this matter, please c	all:	
	. .		
Then An	Vu	at (<u>HO7</u>) <u>b&b</u> -	
Name of	reison	Area Code Daytin	ne Telephone Number
inclosed is a check for th	e 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 Address		Street Address:	
Registration S		Registration Se	
Division of Co P.O. Box 632	-	Division of Cor The Centre of T	=
Tallahassee. F			e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Con</u> (A Florida Limit	pany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on $6/25/2020$ and assigned	
orida document number <u>L2000178354</u> .	, ,	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."	-
nter new principal offices address, if applicable:		_
Principal office address MUST BE A STREET ADDRESS		_
		_
·		
nter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX)	명. 명 : 명 :	_
		_
If amending the registered agent and/or registered office	ce address on our records, enter the name of the new regist	ered
ent and/or the new registered office address here:		<u> </u>
Name of New Registered Agent:		_
New Registered Office Address:	•	
	Enter Florida street address	_
	, Florida	_
	City Zip Code	
rovisions of all statutes relative to the proper and comple	— gree to act in this capacity. I further agree to comply with ete performance of my duties, and I am familiar with and	
ecept the obligations of my position as registered agent a sing filed to merely reflect a change in the registered off company has been notified in writing of this change.	is provided for in Chapter 605, F.S. Or, if this document is ice address, I hereby confirm that the limited liability	,

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
1GR	Thier An Vic	4330 Ganworll Dr. Mel. Fl.	2455 IDAdd
			□Remove
			□ Add
			□Remove
			□ Change
			
			□ Remove
			□Change
<u></u>			
			□Remove
			□ Change
			□Add
			□Remove
			Change
			
			□Remove
			□ Change

_	
effect <u>e:</u> If	date, if other than the date of filing:
cord s filed	pecifies 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	. — .
	Signature of a member or authorized representative of a member