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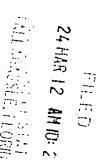
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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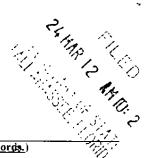
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COVER LETTER

TO: Registration Se Division of Cor					
	Soul Kraic	117			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	<u>Keaunna</u>	July Son Name of Person			
	Say K	Cee's LLC Firm/Company			
	4440 A	othill drive uni-	+ 309,		
	Kissim	vnee FL 34746 City/State and Zip Code			
	Say Kees@c	DUHLUK CUM OF KEC to be used for future annual report noti	aunvalueginail. Lum		
For further information c	oncerning this matter, please ca	all:			
Keaunna	JUMNSUA Person	at (407) 640 - Area Code Daytim	3235 ne Telephone Number		
Enclosed is a check for the	ne following amount:				
E \$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 Registration S	Section	Street Address: Registration Se			
Division of C P.O. Box 632	•		Division of Corporations The Centre of Tallahassee		
Tallahassee, l			be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Say Kee's 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 OC+600er 2, 2020 and assigned Florida document number L200031971

This amendment is submitted to amend the following:

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Key to Creativity LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"L.L.C" or the abbreviation "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 a agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street ad	ddress
		. Florida
	City	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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
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Marking days 16	Sade at a second					
ote. If the date i	listed, the date must be inserted in this block ive date on the Department	caces not meet th	ie applicable statuto	ing or more than 90 day ry filing requiremen	(optional) s after filing.) Pursuan ts, this date will not	nt to 605.0207 be listed as
record specifies a is filed.	i delayed effective d	ate, but not an eff	ective time, at 12:0	l a.m. on the earlier	of: (b) The 90th d	ay after the
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	Sig	nature of a member	r or authorized represe	entative of a member		
			•			

Filing Fee: \$25.00