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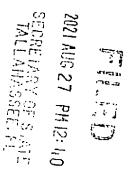
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COVER LETTER

TO: Registration Se Division of Cor		:		
	sy Roth LLC			
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:	•	
		Kevin McGuinness		
		Name of Person		
		Firm/Company		
	1	5441 Starling Crossing Dr		
		Address		
Lithia, FL 33547				
	Kevinmou	City/State and Zip Code uinness@yahoo.com		
	-	to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please c	all:		
Kevin McGuinness		813 225-1 at ()	040	
Name of	Person		Telephonė Number	
Enclosed is a check for th	e following amount:			
≘ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Kelsy Roth LLC				
(Name of the Limited Liability (A Florida Li	Company as it now appea imited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000050013</u>	mpany were filed on _	01/27/2021	ar	nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company h	<u>ere</u> :		
Keisey Roth LLC				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or	the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			ूर स्थान	202
(Principal office address MUST BE A STREET ADDRES	<u></u>		DRE DRE	<u>=</u> ===
			AA	GT) (FELING
				7 8
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	 -		5-1.	
				0
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	ffice address on our r	records, <u>enter the</u>	name of the	e new register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	rida street address		
		, Florid		
Now Dordstand Assets Circuit 16 1	City		Zip (Code
New Registered Agent's Signature, if changing Registered A	gent:			;

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> Name **Address** Type of Action □Add □Remove Remove TALE OCHANGE TO CHANGE TO $\overline{\sim}$ □Remove Change Remove □ Change □Add Change □Add Remove

Change

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Effective date, if other than the date of fif an effective date is listed, the date must be specific Note: If the date inserted in this block does no locument's effective date on the Department of	ling: and comet be prior to or meet the applicabl of State's records.	date of filing or more that le statutory filing requi	(optional) 190 days after filing.) Pu rements, this date wil	rsum to	605.0207 (listed as t
record specifies a delayed effective date, but die filed.	not an effective time	; at 12:01 s.m. on the	earlier of: (b) The 90	Ith day a	fter the
Dated July 29	_, 2021				
_ the of me					
Signature of	a member or authoriza	ed representative of a me	mher		

Filing Fee: \$25.00