

221 0000 60914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

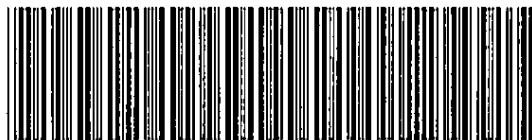
(Business Entity Name)

(Document Number)

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03/08/21--01033--008 **25.00

4/28/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Key Code LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terrill H Hibbert

Name of Person

The Key Code LLC

Firm/Company

20312 NW 42nd Ct

Address

Miami Gardens, FL 33055

City/State and Zip Code

thekeycode7@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrill H Hibbert

305 302-1330
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

The Key Code 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 02/03/2021 and assigned
Florida document number 121000060914.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Key Code LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20312 NW 42nd Ct

Miami Gardens, FL 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20312 NW 42nd Ct

Miami Gardens, FL 33055

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Terrill H Hibbert

New Registered Office Address:

20312 NW 42nd Ct

Enter Florida street address

Miami Gardens

City

Florida 33055

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	Trenton H Hibbert	1481 NE 151st Terr	<input type="checkbox"/> Add
		North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Terrill H Hibbert	20312 NW 42nd Ct	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eddison L Holbert	20312 NW 42nd Ct	<input type="checkbox"/> Add
		Miami Gardens, FL 33055	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated March 01, 2021

Signature of a member or authorized representative of a member

Terrell H Hibbert

Typed or printed name of signee