L21000 113072

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration So Division of Cor			
McKee Pro	perties LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jennifer Briggs		
		Name of Person	
	Sentinel CFO Sources		
		Firm/Company	
	PO Box 555		
		Address	
	Odessa FL 33556		
		City/State and Zip Code	
	jennifer@cfosources.com		
		to be used for future annual report notification)	7021 1737 1730
For further information c	concerning this matter, please c	all:	
Jennifer Briggs		813 920-2300 at ()	
Name o	of Person	Area Code Daytime Telephone	: Number
Enclosed is a check for t	he following amount:		Number A 1 2 4
	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C	Section	Street Address: Registration Section Division of Corporations	S

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McKee Properties LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears of ned Liability Company)	<u>n our records.</u>)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000113072</u> .	any were filed on $\frac{03/09}{1}$	/2021	and assigned	
This amendment is submitted to amend the following:				
This amendment is sublimited to amend the following.				
A. If amending name, enter the new name of the limited	liability company here	:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	gnation "LLC" or the abbrev	iation "L.L.C."	_
Enter new principal offices address, if applicable:		.		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
			•	O
Enter new mailing address, if applicable:			- 19	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
				:
B. If amending the registered agent and/or registered off	ice address on our reco	ords, <u>enter the name of</u>	the new regi	isterec
agent and/or the new registered office address here:			=)	
			24	
Name of New Registered Agent:	-			—
New Registered Office Address:				
	Enter Florida	street address		
		, Florida;		
	City	•	ир Соде	
New Registered Agent's Signature, if changing Registered Ag	ent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Cha	v duties, and I am fam. apter 605, F.S. Or, if ti	iliar with and his document	1

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>	Name	Address	Type of Action
AMBR	Shane McKee	13119 Burns Dr	□Add
		Odessa, FL 33556	Remove
AMBR	Leah Cerbelli	13119 Burns Dr	≡ Add
		Odessa, FL 33556	□Remove
			Change
			□Add
			Remove ()
			☐ Change.
			☐ Add, 7 ☐ DRemove
			□Change
			□Add
			□Remove
			□Change

			
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Fective date, if other than the effective date is listed, the date in ote: If the date inserted in this becument's effective date on the l	ist he specific and cannot be prior to date of following the status of the specific and meet the applicable status	filing or more than 90 days after filing.) Eursuant to 605.020
record specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) Th	e 90th day after the
ated May 11	2021		
ated May 11			

Filing Fee: \$25.00