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COVER LETTER

Tallahassee, FL 32314

то:	Registration Sec Division of Corp		r	
6116.16	CT.	C	KEO LLC	
SUBJE	CT:	Name of Lin	ited Liability Company	
The enc	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		:	MICHAEL KEOTAHLIAN	
			Name of Person	
			CKEO LLC	
			Firm/Company	
			PO BOX 2352	
			Address	
		V	VINDERMERE, FL 34786	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For furt	her information co	ncerning this matter, please c	all:	
МІСНА	AEL KEOTAHLIA	AN'	407 704-8963	
	Name of	Person	at () Area Code Daytirr	ne Telephone Number
Enclose	ed is a check for the	e following amount:		
(1) \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address:	ction
	Division of Co		Registration Section Division of Corporations	
P.O. Box 6327		7	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C KEO LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
	CKEO LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET)	1DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2.22	
	-	
B. If amending the registered agent and/or regi	stered office address on our records, enter the nam	e of the new register
agent and/or the new registered office address h	iere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	toric) 1 torida su ect tado ess	-, ^
<u>-</u>	, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Remove
			□Add
			□ Remove
			Change
			□ Remove

_____ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: [JULY 24, 2021] [
the recordis fi	d 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 led.
Dated	JULY 24TH
	Signature of a member or authorized representative of a member

Typed or printed name of signee