

L21 000 188 893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

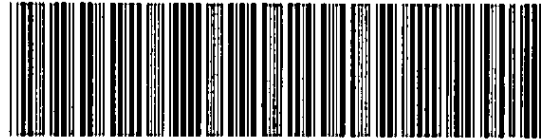
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2021 SEP 20 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEYS IV HEALTH & HYDRATION, 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:

DEBORAH A. SERAFINI, ESQ.

Name of Person

HERSHOFF, LUPINO & YAGEL, LLP

Firm/Company

88539 OVERSEAS HIGHWAY

Address

TAVERNIER, FL 33070

City/State and Zip Code

put2sleep@zoominternet.net

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

For further information concerning this matter, please call:

DEBORAH A. SERAFINI, ESQ.

305 852-8440
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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> |
|--------------|----------------|--------------------------------------|--|
| MGR | JENNIFER COUTY | 3831 DUCK AVENUE, KEY WEST, FL 33040 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GREGORY LONG | 3831 DUCK AVENUE, KEY WEST, FL 33040 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE CHANGE GREGORY LONG FROM A MEMBER TO A MANAGER

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 17

2021

_____ 2021 _____
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DEBORAH A. SERAFINI, ESQ.

Typed or printed name of signee

Filing Fee: \$25.00