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2021 SEP 20 PM 3: 00

## **COVER LETTER**

TO: Registration Section

Division of Co	rporations		
	HEALTH & HYDRATION, LL	2	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	DEBORAH A. SERAFINI.	ESQ.	
		Name of Person	<u> </u>
	HERSHOFF, LUPINO & Y	'AGEL, LLP	
		Firm/Company	
	88539 OVERSEAS HIGH	WAY	
		Address	
	TAVERNIER, FL 33070		
		City/State and Zip Code	
	put2sleep@zoominternet.ne E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
DEBORAH A. SERAI	fini, ESQ.	305 852-8440 at ()	
Name of Person		Area Code Daytim	e 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, Fl. 32303

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

FILED

2021 SEP 20 PM 3: 00

KEYS IV HEALTH & HYDRATION, LLC

(Name of the Limited Liability Company as it now appears on our records). LAHASSEE. FIGURE (A Florida Limited Liability Company)

The Articles of Organization Florida document number	n for this Limited Liability Comp. L21000188893	any were filed on $\frac{4}{1}$	<sup>/</sup> 23/21	and assigned
This amendment is submitte				
A. If amending name, ente	er the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguis	hable and contain the words "Limited I.	iability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal office	s address, if applicable:	<del></del>		
(Principal office address M	UST BE A STREET ADDRESS			
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address	s, if applicable:			
(Mailing address MAY BE	A POST OFFICE BOX)			
B. If amending the register agent and/or the new register.	ered agent and/or registered off stered office address here:	ice address on our r	ecords, <u>enter the n</u>	ame of the new registered
Name of New Reg	istered Agent:	<del></del>	<del></del>	<del>_</del> .
New Registered O	ffice Address:			
	-	Enter Florida street address		
		<del>.</del> .	, Florida	Zip Code
				Zip Code
	nature, if changing Registered Ag	<del></del>		
provisions of all statutes r accept the obligations of r being filed to merely refle	ntment as registered agent and relative to the proper and comp my position as registered agent ct a change in the registered of d in writing of this change.	lete performance of as provided for in C	my duties, and La Chapter 605, F.S. C	m familiar with and Or, if this document is
	Īf	Changing Registered Ag	ent, 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>	Address	Type of Action
MGR	JENNIFER COUTY	3831 DUCK AVENUE, KEY WEST, FL 33040	□Add
			Remove
			□Change
MGR	GREGORY LONG	3831 DUCK AVENUE, KEY WEST, FL 33040	🗆 Add
			🗆 Remove
			■Change
			□Add
			□Remove
			□Change
<del></del>		<del></del>	□Add
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ffective date, if other tl	an the date of filing:		(optional)	
an effective date is listed, the ote: If the date inserted i	date must be specific and cannot be print this block does not meet the applint the Department of State's record	licable statutory filing requir	90 days after filing.) Pursuant to 605.0	
record specifies a delayed l is filed.	effective date, but not an effective	time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after	the
	. 2021	<u>1</u> .		
ated	1 //			
SEPTEMBER 17	Signature of a member or av	ithorized representative of a mer	nber	

Filing Fee: \$25.00