K21000217246

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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	THE KEY	'ES ADVANTAGE, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		STACEY L. KEYES			
			Name of Person		
		STACEY KEYES, LLC			
Firm/Company					
		525 E PRIMROSE PLACE	-		
			Address		
		SAINT JOHNS, FL 32259)		
			City/State and Zip Code		
		staceykeyes7@gmail.com	to be used for future annual rep	ort nottlication)	
For further in	formation c	concerning this matter, please ca	·	or notification)	
STACEY KE		·	904 477-5	615	
		dh.		Daytime Telephone Number	
	Name e	of Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for t	he following amount:			
□ \$25.00 Fi	iling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
	ling Addres		Street Addr		
	istration (Section Corporations		on Section of Corporations	
	. Box 632			e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KEYES ADVANTAGE, 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 05/10/2021 and assigned Florida document number 1.21000217246 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STACEY KEYES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: MA Name of New Registered Agent: N/ANew Registered Office Address: Enter Florida street address , Florida City

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>	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
	N/A		□Add
			□Remove
			□Change
	N/A		□Add
			□Remove
			Change
	N/A		□Add
			ПRеточе
			☐Change
	N/A		□Add
			□Remove
			⊕Change
	N/A	-	□Add
			□Remove
			□Change

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ffective date, if other t	han the date of filing: _	N/A		(optional)
an effective date is listed, the lote: If the date inserted i	date must be specific and can n this block does not meet	not be prior to date the applicable's	e of filing or more that tanitary filing ream	n 90 days after filing.) Pursuant to 605.0207 irements, this date will not be listed as
ocument's effective date of	on the Department of State	's records.	and any timing requ	weller, this dire will not be listed as
record specifies a delayed	effective date, but not an o	effective time, a	t 12:01 a.m. on the	earlier of: (b) The 90th day after the
is filed.				
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	Tul Chi	iteur		
	Judy Chai	- •		
	Signature of a mem	her or authorized	representative of a m	ember
	JUDY CHAITAN		•	JC Accounting & Taxation Services, LLC
		oed or printed nan	ne of signee	1880 East West Pkwy # 8659
			- 1	Fleming Island, FL 32003

Filing Fee: \$25.00