K21000 278383

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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TO: Registration So Division of Cor			
	ESTMENT & MANAGMENT	REALTY LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	INDRIT KELLEZI		
	-	Name of Person	
	KEY INVESTMENT & M	MANAGMENT REALTY ELC	2021 JUL SECRE
	.	Firm Company	
	149 SENEGAL DR		最上に
		Address	PH PH
	JACKSONVILLE, FL 320	081	PH 2: 08
		City/State and Zip Code	
	NAGDAY@AOL.COM		
	E-mail address; ((to be used for future annual report or	ntification)
For further information of	concerning this matter, please c	rall:	
INDRIT KELLEZI		9(14 962-2760) at ()	
Name (of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (2dditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEY INVESTMENT & MANAGMENT F		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Florida document number 1.21000278383	Company were filed on 06/15 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
KEY INVESTMENT & MANAGMENT LLC		
The new name must be distinguishable and contain the words "LE Enter new principal offices address, if applicable:	imited Liability Company," the designation "LLC	or the abbreview n"L.L.C."
Principal office address MUST BE A STREET ADI	ORESS)	57
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		PH 2: 08
3. If amending the registered agent and/or register gent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		the name of the new registe
	Enter Florida street addre	33
	FI	lorida
	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 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
AMBR	MANJOLA SQAPI	149 SENEGAL DR	= Add
		PONTE VEDRA, FL 32081	□Remove
			\(\sum_\)Change
			SECRETAR:
J. J			PY OF STATE Remove
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	07/20/	2421				
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cument's effective date on the De	partment of State's reco	ords.				
record specifies a delayed	effective data, hu	t not an eff	ective time	at 12·01 a.m.	on th	e earlier
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Filing Fee: \$25.00