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SECRETARY OF STATE

COVER LETTER

Division of Cor	porations		
Keys To St	access Financial LLC		
3000E1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melony Peterkin		
		Name of Person	
		Firm/Company	
	2719 Hollywood Blvd Un	it #7022	
		Address	
	Hotlywood Fl 33020		
	1	City/State and Zip Code	
	keystosuccessfinancial@gn E-mail address: (to be used for future annual report notification)	207 SE
For further information of	concerning this matter, please o	all:	72 SEP CRETALLI
Melony Peterkin		754 2260065	22 22 ARY AHA
Name o	f Person	Area Code Daytime Telephone	2022 SEP 22 AM 8: 30 SECRETARY OF STATE TALLAHA SEE, FL
Enclosed is a check for the	he following amount:		1 E 0
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keys To Success Financial LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 06-25-2021	and assigned
Florida document number L21000295010		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	S)	
Enter new mailing address, if applicable:	2719 Hollywood Blvd Unit # 7022	
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood Fl 33020	2022 SEC
		LE SE TI
		D
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registive
agent and/or the new registered office address here:		
		17 co
Name of New Registered Agent:		30
New Registered Office Address:		
	Enter Florida street address	
	, Florida	2
	City.	Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Melony Peterkin	131 Hidden Ct Rd	
		Hollywood Fl, 33023	□Remove
			■ Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			SECRETARY SECRETARY
			PAdd □ Remove
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Tective date if other than the date of filing:	(antional)
un effective date is listed, the date must be specifie and cannot be pri	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.020 dicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's record	
record specifies a delayed effective date, but not an effective is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 13 2022	
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1211 12	
Africa	athorized representative of a member