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A. BUTLER

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COVER LETTER

TO: Registration So Division of Con			. •			
THE KEFI	E, LLC					
SUBJECT:	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:				
	EMILIA GIANNAKOPO	ULOS				
		Name of Person				
	THE KEFE, LLC					
		Firm/Company	·			
	1170 GULF BLVD. PH 2	101				
		Address				
	CLEARWATER, FL 3376	67				
		City/State and Zip Code				
	EMILIA333@ICLOUD.CO					
For further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)			
EMILIA GIANNAKOP		727 777-2132				
Name o	f Person	at () Area Code Daytii	me Telephone Number			
Enclosed is a check for the	ne following amount:					
S25.00 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		Street Address: Registration Se	ection			
Division of C		Division of Co				
P.O. Box 6327		The Centre of	The Centre of Tallahassee			
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KEFE, 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 JULY 15. 2021 Florida document number $\frac{L21000322912}{L21000322912}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HOUSE OF KEFE, LLC 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 ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Add
			□Remove
			☐ Change
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Note:	ve date, if other inctive date is listed, the listed date inserted ent's effective date	in this block does	not meet the appl	icable statutory i	or more than 90 da filing requiremen	(optional) ys after filing.) Purs its, this date will	uant to 605.0207 (not be listed as th
	ord specifies a 90th day after			not an effectiv	ve time, at 12	2:01 a.m. on t	he earlier of:
Dated _	DECEMBER	29	2021	·			
		Signatur	Jourchipa Of a member or au	thorized representa	ative of a member		***
	EMILIA GIAN	NNAKOPOULOS					
		_	Typed or pri:	nted name of signe	<u> </u>		

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