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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations KEYS-RN, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTINE NORDET Name of Person Firm/Company 147 STARFISH LANE Address TAVERNIER, FL 33070 City/State and Zip Code SEBYANTH2001@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTINE NORDET Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEYS-RN, LLC

(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	· · ·
he Articles of Organization for this Limited Liability Company	were filed on 09/08/2021	and assigned
Horida document number L21000398481		
his amendment is submitted to amend the following:		
s. If amending name, enter the new name of the limited liab	oility company here:	
THRISTINE NORDET CARE LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office:	address on our records, enter the nar	ne of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		,
iscus registered vyrice Address.	Enter Florida street address	
	tildab.	•
	, Florida	Zip Code
		w-**

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the record is filed. SEPTEMBER 29 2021ignature of a member or authorized representative of a member CHRISTINE NORDET

Typed or printed name of signee