## L21000415828

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10/18/21

## **COVER LETTER**

TO: Registration Se Division of Cor				
	OLDINGS LLC			
SUBJECT:	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:		
	KEIANNA W CARTY			
		Name of Person		_
	<del></del>	Firm/Company		202 SEI
	10209 STEDFAST COUR	T		2021 OCT 12 PM 3: 35 SECRETARY OF STATE TALLAHASSEE, FL
		Address		12 PM
	RUSKIN, FLORIDA 3357			PM 3
	KCARTYBUSINESS@G\	City/State and Zip Code AAIL.COM		FAIE
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	cation)	
KEIANNA W CARTY	, and the same of the same of	334 221-9055 at ( )		
Name o	of Person		Telephone Numbe	<u></u> 'I
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addre	Section	Street Address: Registration Sec		
Division of C P.O. Box 632	-	Division of Corp The Centre of Ta		
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 8	310

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEICAL HOLDINGS LLC		
( <u>Name of the Limited Liahi</u> (A Florid	lity Company as it now appears on our records.) da Lumited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L21000415828	Company were filed on 09/20/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	202 \$5.6 T.
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or t	he application L.L.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	SSEE FL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	·	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r torida street address	
	Florid	aZip Code
	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
AP	CHERYL CALLOWAY	519 N LARRY CIRLE	
		BRANDON, FLORIDA 33511	<b>M</b> Remove
			Change
MGR	KEIANNA W CARTY	10209 STEDFAST COURT	<b>X</b> Add
		RUSKIN, FLORIDA 33573	SECRETAL Change
			The Change of Ch
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			□Remove
			Change
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			Remove
			□Change

LLC	I that has been formed. I need to removed Cheryl Calloway from the LLC completely. I am adding myself,	
Kei	anna Carty, as the manager of said LLC. I will also remain the registered agent.	
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cord spis tiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	tter th
ied	Ochler 7 2021. XW Carpy	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00