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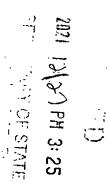
A. RIVERS

JAN 1 2 2022



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COVER LETTER

TO:

TO: Registration So Division of Cor			
KEICAL F SUBJECT:	IOLDINGS LLC		
SUBJECT:	Name of Lim	ited 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:	
	KEIANNA CARTY		
		Name of Person	
	KEICAL HOLDINGS LL	С	
		Firm/Company	
	10209 STEDFAST COUR	Т	
	.	Address	
	RUSKIN, FLORIDA 3357	73	
		City/State and Zip Code	
	KCARTYBUSINESS@GN		· · · · · · · · · · · · · · · · · · ·
.		to be used for future annual report not	ification)
For further information c	concerning this matter, please co	all:	
KEIANNA CARTY		334 221-9055 at ()	
Name o	of Person	Area Code · Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 9		Street Address: Registration Se	ection
Division of C		Registration Se Division of Cor	
P.O. Box 632	27	The Centre of T	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELCAL KECIAL HOLDINGS 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 Liabil		and assigned
Florida document number L21000415828		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
B. If amending the registered agent and/or regist	tered office address on our records, enter the n	name of the new registered
agent and/or the new registered office address he		
		2 7 8
Name of New Registered Agent:		
New Registered Office Address:		2
	Enter Florida street address	3
_	, Florida	
New Registered Agent's Signature, if changing Regis	City	ن کله دره
· · · · · · · · · · · · · · · · · · ·	··· ·	25 ATE
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, and I a ed agent as provided for in Chapter 605, F.S. (stered office address, I hereby confirm that the	om familiar with and Or, if this document is
	10.00	
	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
MGR	CHERYL CALLOWAY	519 N LARRY CIRCLE	※ Add
		BRANDON, FL 33511	□Remove
			🗀 Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
		·	□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

_	
	12/21/2021
fan effecti <mark>Note:</mark> If	date, if other than the date of filing:
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	December 21. 2021.
	Signature of a member or aythorized representative of a member

Filing Fee: \$25.00