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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		e FLORIDA KEYS, LLC		
эови.с	· · ·	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Crystal VanDriessche		
			Name of Person	
		DEKit of the FLORIDA K	EYS, LLC	
			Firm/Company	
		112 Gardenia Street		
			Address	
		Tavernier, FL 33070		
		twostones@mchsi.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please ca	ali:	
Corpora	tion Service Con	npany ("CSC") f Person	at () Area Code Daytii	ne Telephone Number
				·
		ne 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 Section
Division of Corporations P.O. Box 6327 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

DEKit of the FLORIDA KEYS, LLC

2022 MAR -4 PM 2: 19

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.). a Limited Liability Company), 20	• • •
The Articles of Organization for this Limited Liability C Florida document number 321A00025062		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
DEK Fitters of the Keys, LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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
			☐Add
		 	□Remove
			☐ Change
		.	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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effective date is listed te: If the date insert	er than the date of the date must be specified in this block does ate on the Department	fic and cannot be prior not meet the application	to date of filing or mo able statutory filing	(option re than 90 days after fi requirements, this o	nal) ling.) Pursuant to 605.02 date will not be listed
cord specifies a dela s filed.	yed effective date, b	ut not an effective ti	me, at 12:01 a.m. of	the earlier of: (b)	The 90th day after the
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