## LZ1 000469051

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A. **BUTLER** FEB 1 0 2022

## **COVER LETTER**

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eun irz		veworks	ĹĹC	,	
SUBJEC	.1;		Name of Lim	ited Liability Company	·
The encl	losed Ari	ticles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all	correspoi	ndence concerning this matter	to the following:	
			Michael Dempsey		
				Name of Person	
			ZenBusiness Inc.		
				Firm/Company	
			5511 Parkerest Drive Suite	103	
				Address	-
			Austin, Texas, 78731		
			fulfillment@zenbusiness.co		
For furth	ner infor	mation co	E-mail address: () oncerning this matter, please co	to be used for future annual report r	otification)
Michael	Dempse	ey c/o Zei	nBusiness Inc.	844 493-6249	
		Name of	Person	at () Area Code Day	time Telephone Number
Enclosed	d is a che	eck for th	e following amount:		
■ \$25	.00 Filin	g 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)
		z Address ration S		Street Address: Registration	
		on of Co Box 632	orporations 7	Division of C	Corporations f Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Keveworks LLC		:	1 5.
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on ou rida Limited Liability Company)	r records.)	
he Articles of Organization for this Limited Liability	Company wars filed an 2022-01-	01	and assigned
	Company were med on		and assigned
orida document number 1.21000469051	<del></del> ·		
his amendment is submitted to amend the following:	:		
If amending name, enter the new name of the li	imited liability company here:		
he new name must be distinguishable and contain the words "I	.imited Liability Company," the designati	on "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET AD</u>	DRESS)		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe gent and/or the new registered office address here		, enter the nam	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter Florida stre	et address	<del></del>
New Registered Office Address:	Enter Florida stre	et address , Florida	<del></del>

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
AMBR	MICHELE MATHURIN EVEILLARD	47408W 153rd Terrace	<b>≡</b> Add
		Miramar, F1, 33027	□Remove
			□Change
			🗀 Add
			Remove
			□Add
			Remove
			Change
			Remove
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		<del></del>	□Add
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bloocument's effective date on the Do	ock does not meet the applic	cable statutory filing requ	(optional) in 90 days after filing.) Pursuar tirements, this date will not	nt to 605.0207 ( be listed as t
e record specifies a delayed effectiv rd is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th d	lay after the
	2022			
January 26 Dated	·	<del></del> '		
Dated     January 26				

Filing Fee: \$25.00