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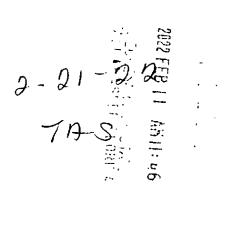
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor					
CUDIECT.	J&G Kiely Inves	tments 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:			
	Joseph G. Kiely				
		Name of Person			
	J&G Kiely Investments LI	LC			
		Firm/Company			
	926 Villa Florenza Drive				
		Address			
	Naples, FL 34119				
	jgk67@aol.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	fication)		
For further information c	oncerning this matter, please ca	all:			
Joseph G. Kiely		917 689-3922 at ()			
Name of Person		Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&G Kiely Investments LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of	on 1/11/2022 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	iny here:
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	. 22
	2022
	E E
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	2
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Ent	ter Florida street address
	, Florida
Cin	Zin 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 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	Joseph G. Kiely	926 Villa Florenza Drive	
		Naples, FL 34119	□Remove
			Change
AMBR	Greg J Kiely	15 Little Farms Rd	
		Larchmont, NY 10538	□Remove
			■Change
			□Add Remove
			□ Capange
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tive date, if other tha	n the date of fi	lling:	661	10	(option	al)	to 605
effective date is listed, the date: If the date inserted in	this block does n	ot meet the appl	icable statutory	filing require	ments, this d	ate will no	ot be liste
ument's effective date on	the Department	of State's record	ls.				
cord specifies a delayed e	ffective date: but	not an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th	day after
s filed.					` `		
February 8		2022					
February 8 ed		1	·				
	Once	of a member or au	Kiela				
	- Dear	/ / /		<u> </u>			

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