## L22000131733

		_
(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	ry/State/Zip/Phone	#)
·		
PICK-UP	MAIT	MAIL.
(B)	isiness Entity Nam	no)
(60	isiness Littly Ham	ie)
-		3333
(L)C	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
i		
1		ļ
	-	

Office Use Only



900391968469

08/11/22--01012--018 \*\*30.00

022 AUG || PM 2: 4| ECRETARY OF STATE

## **COVER LETTER**

	istration Sect sion of Corpo			.•		
	KEYS2RELA	AX, LLC		٠.		
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Melissa Santiago				
			Name of Person			
		KEYES2RELAX				
			Firm/Company			
		953 SW 167TH AVENUE				
			Address			
		PEMBROKE PINES, FL 3	3027			
			City/State and Zip Code			
		mbsantiago1984@gmail.com	n to be used for future annual report notif	fication)		
For further in	formation cor	ncerning this matter, please ca	•	,	2022 AUG 11 SECRETAR TALLAHA	
Melissa Sant	iago		609 288-0025		AUG	
	Name of F	Person		Telephone Number	HASSE	
Enclosed is a	check for the	following amount:			H 2: 4 EE. FI	
□ \$25.00 F	iling Fee	X \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Feen te of Status &	
<u>Mai</u>	ling Address:		Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

KEYS2RELAX LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) Inited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number L22000131733	pany were filed on March 16, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>,                                    </u>
(Principal office address MUST BE A STREET ADDRES	<u></u>	THE THE
Enter new mailing address, if applicable:	<del> </del>	ARY OF
(Mailing address MAY BE A POST OFFICE BOX)		E. FILE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the 1	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	•
	City , Florida	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>	Name	Address	Type of Action
AMBR	Melissa Santiago	953 SW 167 Avenue Pembroke Pines, FL 33027	<b>≅</b> Add
		<del></del>	□ Remove
			Change
			□Add
			🗆 Remove
			Change
			🗆 Add
			Remove
		<del></del>	2022 Charres
		7. T.	A GAdd TT
		رن رن رن	OF STATE
			☐ ☐ Change
			🗆 Add
			□ Remove
			Change
			□Add
			□Remove
			□ Chance

				<del></del>	<u>.                                    </u>			_
					<del></del>			_
<del></del>			<del>_</del>	<del></del> .	<del></del>		· <del></del> -	_
								_
						-		_
								_
						-		_
·- ,,,,,		<del></del> -			<del></del> _	<del></del> .	· · · · · ·	_
<del></del>	<del></del>							_
			. <del></del>				SEORET	_
							路	5
<del></del>				·	<del></del>		HARY PARY	-
								꽃
<del></del> .	<del></del>		<del>-</del>					2-14
							FAE	+
					<u></u> _			_
				<del></del>		<del></del>		-
	<del></del>			<del></del>				_
an effective date is lote: If the date:	other than the listed, the date must inserted in this blo ive date on the De	t be specific and ock does not n	d cannot be prior neet the applic	cable statutory	or more than 90 offiling requireme	_ (optional) lays after filing ents, this date	.) Pursuant to 60	)5.02 sted
record specifies a	delayed effective	date, but not	an effective t	ime, at 12:01 a	.m. on the earli	erof:(b) Th	ie 90th day aft	er th
ated Xau	yjist 7	11/10/	2020	<u>2</u>				
\ /		· 1/1/1 /1	<i>a</i> 1					

Filing Fee: \$25.00