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2022 APR 26 PM 1: 12
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		ı	
SUBJECT: Joh	in BMcKee	LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jonathan	B. Mckee	<u> </u>
			· · · · · · · · · · · · · · · · · · ·
	17780	hoadland ct	
	Division of Corporations DRIFCT: John BM Kee LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The ease return all correspondence concerning this matter to the following: Jonathan B. McKee Name of Person Firm/Company 1180 Logal and CT Address Lonathan B. City/State and Zip Code Jonathan McKee Logar X PReal Ty. Company The further information concerning this matter, please call: Jonathan B. McKee Area Code Jonathan B. McKee Jonatha		
	Jonathan A E-mail address: (1ckee@EXP	Real TY. COM
For further information co	oncerning this matter, please ca	all:	
Johathan 13. 1 Name of	14Cu Person		8 5 3 / e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
N. 131			

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

OI	
John B McKee LL	2022 APR 26 PH 1: 12
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our vecords SSEE. FLOW.
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{May, 29^{\prime\prime}2022}{}$ and assigned
Florida document number <u>L 22000 15 2566</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Jonathan McKee LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	ldress on our moonds onter the name of the new maintain
agent and/or the new registered office address here:	diess on our records, enter the name of the new registere
Name of New Registered Agent:	
Ivanie of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City \ Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am familiar with and very ovided for in Chapter 605, F.S. Or, if this document is
company has been nounced 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 adde or removed from our records:

MGR = AMBR =	Man Auti	ager horized Member		
<u>Title</u>		<u>Name</u>	<u>Address</u>	Type of Action
	_			□Add
				□Remove
				Change
	- 1			□Add
				□ Remove
			<u>i</u>	□Change
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				□Change

	
	
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va.ee	
If an effec Note: If	e date, if other than the date of filing:
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 1.
Dated _	
	forthe B. W_
	Signature of a member or authorized representative of a member