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T. MATTHEWS

JUL 26 2022

. COVER LETTER

TO: Registration Section Division of Corporation				
		1.0		
SUBJECT: Keytr	ust Insurar	ce LLC		
1	Name of Limit	ed Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	Nicholas	D. Ruther	ford	
	Keytrust	Name of Person NSUrance Firm/Company	uc	
	P.O.P	0×7214		
	Sunci	Address ty FL 33	586	
		City/State and Zip Code		
-	E-mail address: (to	be used for future annual report noti	ification)	
For further information cond	erning this matter, please ca	II:		
Name of Pe	D. Putherford	at (215) 68°	7 - 2133 ne Telephone Number	
Enclosed is a check for the f	ollowing 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 Statu Certified Copy (additional copy is enclosed) 	
N. P A		Street Address.		

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

GEORETARY OF STATE OLVISION OF CORPORATION:

22 MAY 23 PM 12: 28

imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L 22000 1956 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Add		Type of Action
M6R	Anthony Malac	i Chisholm	2307 Redtail Rd.	XAdd
	.)	A	2307 Redtail Rd.	3 □Remove
			····	□Change
				□Add
				Remove
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				Change
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				□ Change
				□ Add
				□ Remove
				□Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated May 20 , 2002.
Signature of a member or authorized representative of a member
Nicholas Rutherford. Typed or printed name of signee