## 122 000 244 774

(F	Requestor's Name)	<del></del>
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PICK-UP	☐ WAIT ☐	MAIL
(E	Business Entity Name)	
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Certified Copies	Certificates of Status	s
Special Instructions t	o Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

ro:	Registration Sec Division of Corp			
en en	kar. R	leinstein Grow	n IIC	
SUBJE	.CI:1	Name of Limi	ned Liability Company	<del></del>
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspon	dence concerning this matter	to the following:	
		James	Reinipard+ Name of Person	
			Name of Person	
			Firm/Company	<del></del>
		120 (	_ \( \( \cdot \)	
		_ 6 19 (sru	n Turtle Ct Address	
		(genera	Florida 32732  City/State and Zip Code	
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		E-mail address: (	to be used for future annual report notifica	ation)
For fur	ther information co	ncerning this matter, please ca	all;	
		014		<i>c</i> 1
	Name of	Reinger 27	at (56) 602-66 Area Code Daytime T	Celephone Number
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Englose	ed is a shock for the	e following amount:		
	5.00 Filing Fee	-	□ 655 00 PULL F	□ \$40.00 Piling For
UK 32.	5.00 rung ree	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	•	Street Address:	
	Registration S		Registration Secti	
	Division of Co	orporations	Division of Corpo	orations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keinstein Group		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on out nited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000244774</u>	pany were filed on $\frac{5/26}{}$	1012 and assigned
Florida document number L2200244774  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		
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	SE 287
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	Tice address on our records	-6 PM 4:26 AHASSEE.FL
agent and/or the new registered office address here:	nee address on our records	there we have of the new registere
Name of New Registered Agent:		
New Registered Office Address:	rrli	et in Libraria
	Enter Florida stree	et adaress
	City	, Florida Zip Code
	City	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 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	Shawna Reingardt	679 Green Turtle (+, Geneva, Fl, 3	2132 MAdd
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f an effe Note:	ive date, if other than the date of filing:	.0207 ed as
record d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
Dated <sub>.</sub>	December 3 <sup>12</sup> 2024	
	Signature of a member or authorized representative of a member	