122000284186

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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October 5, 2022

MACANDKEYS, LLC 1340 LONG BEACH DRIVE BIG PINE KEY, FL 33043

SUBJECT: MACANDKEYS, LLC Ref. Number: L22000284186

We have received your document for MACANDKEYS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

NOV - 3 2022

Letter Number: 822A00022239

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	MacAndkeys La	ted Liability Company	
	Name of Linn	ted Diability Company	
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Kimberl	y MacDougall J Name of Person	*****
	Maci	And Keys, LC	
		rimicompany	
	1340 La	ong Beach Drive	
	Big Pin	e Key FC 330 City/State and Zip Code	043
	Alex Kin	n Ashley (hotmo o be used for illiade annual report noti	All COM
For further information co	oncerning this matter, please ca	ili:	
Kimberly Mc	1Clougal) Person	at (<u>305</u>) <u>709</u> Area Code Daytim	- 9807 e Telephone Number
Enclosed is a check for th	e following 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 Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>		Street Address:	
Registration S		Registration Se Division of Cor	
Division of C P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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X L	ac And Vous	2 F:0V
(Name of the Limite	ac And Keys LLC d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on $6/22/32$	and!assigned:
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office address on our records, <u>enter the nar</u> s he <u>re</u> :	ne of the new registered
Name of New Registered Agent:	Kimberly MacDougall	
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered 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>	<u>Name</u>	Address	Type of Action
MGH	Kimberly A MacDougall	1340 Long Beach Dr	□Add
		1340 Long Beach Dr Big Pine Key, FC 33043	□Remove
		33043	Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			🗆 Add
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			□ Change
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			□Remove
		<u></u>	□Change
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			□Remove
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