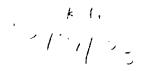
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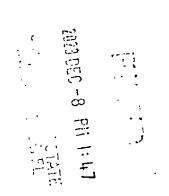
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		





12/09/23--01015--014 \*\*25.00





## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KEL Properties; LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hesi St LIMIS Name of Person
KEL Properties, LLC Firm/Company
2288 Edythe Ovive
Dinedin, Flonda 34698  City/State and Zip Code  Kesi Stlovis 10 & gmall: Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (127) 218-2914  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited)	Liability (Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L120004473 05</u> .	were filed on Octiber 11, 20	22 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2288 Edythe Drive	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	RESSI DUNEdin Y Florida 34698		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registered	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Florida street address	-0	
	enter r toriaa street aaaress		
·	, Florida	Zin Code V	
	* ***		

## New Registered Agent's Signature, if changing Registered Agent:

KEL Properties, LLC

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 Type of Action <u>Address</u> Title Name □Add Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Change \_\_\_\_\_ 🗆 🗖 Adđ \_\_\_\_\_ □Remove Change \_ Change  $\square$ Add \_\_\_\_\_ □Change \_\_\_\_ 🗆 🗀 Add Remove

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fective date, if other that the effective date is listed, the ote: If the date inserted incument's effective date of	e date must be specific in this block does r	e and cannot be price not meet the appl	icable statutory filin	(option ore than 90 days after grequirements, this	tiling.) Pursu	iant to 605.026	57 (3)(b) s the
ecord specifies a delayed is filed.	l effective date, but	not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th	day after the	<b>:</b>
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hald	Signature of	of a member or aut	horized representative	of a member		<u>.                                    </u>	

Filing Fee: \$25.00