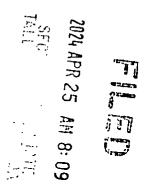


(F	Requestor's Name)
(A	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PIÇK-UP	WAIT MAIL
(E	Business Entity Name)
([Document Number)
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04/75/24--01017--018 **1575.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Carbition C				
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	an our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	10/19/2022	_ and assigned	
Florida document number L22000450950				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	e: FFG Keller, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the abbro	eviation "L.L.C."	•
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>		2024 2024	•
			70 🔼 😇	
			. \\ \> \\ \ \ \ \ \ \ \ \ \ \ \ \	
Enter new mailing address, if applicable:			<u> </u>	25
(Mailing address MAY BE A POST OFFICE BOX)				
			<u> </u>	
n 16 - 15 - 17 - 17 - 17 - 17 - 17	·		t m 😉	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	tice address on our rec	ords, <u>enter the name</u>	of the new registe	<u>re</u>
Name of New Registered Agent:			·	
New Registered Office Address:				
	Enter Florid	la street address		
		Florida		
Non-Designated Assessed Sciences of the control Designated Assessed	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 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

AMBR = Aut	horized Member		Time of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			🗆 Add
			□Remove
			Change
			□ Add
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			🗆 Add
			Remove
			Change
			🗆 Add
			□Remove
	•		Change
			□ Add
-			□Remove
			Change

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Note:	tive date, if other than the date of filing: (04/18/2024 (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
docui	
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
the re	e 90th day after the record is filed.
the re) The	e 90th day after the record is filed.
the re) The	April 19 , 2024 .
the re) The	e 90th day after the record is filed.

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Filing Fee: \$25.00