22000499143

(Requestor's Name)
(Address)
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(Document Number)
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S. FROM MEN 17824223

COVER LETTER

TO: Registration So Division of Con			
REIFUND	ING LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Beasley		
		Name of Person	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	REIFUNDING LLC		
		Firm/Company	
	8661 SW 65th Terrace		
		Address	
	Ocala, Fl. 34476		
		City/State and Zip Code	
	jbenbeas@hotmail.com		
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report n	otification)
John Beasley	oneoning in manor, produce e	352 895-8924	
	of Person	at ()	ime Telephone Number
Name (of Person	Area Code Dayt	tme Telephone Number
Enclosed is a check for t	he 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 Addre</u> Registration		<u>Street Address:</u> Registration S	Section
Division of C		Division of C	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEIFUNDING LLC				
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab Florida document number L22000499143	oility Company were filed on November 28, 2022	a	nd assig	gned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability company here:			
	ds "Limited Liability Company," the designation "LI.C" or th		28	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or th	c abbreviat	i ஹ ,டு	.C."
		;	NPR	1.5
Enter new principal offices address, if applicab	le:	;	-2 -	- 12-5-
Principal office address MUST BE A STREET.	ADDRESS)		0	•
Tribelput office waarest H2021 BB 71 B1 H2121	113311333)	65	-0	7 5 5
			PI	~ ~ ~ ~
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		~17 - ,	ယ ယ	
Enter new mailing address, if applicable:			ယ	
Mailing address MAY BE A POST OFFICE BO)X)			
The state of the s	<u></u>			
If amending the registered agent and/or reg	istered office address on our records, enter the n	ama af ti		-anictar
gent and/or the new registered office address is		anie or tr	ie new	registeri
igent and/or the new registered office address i	nere:			
Name of Nam Davistand Aparts				
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florida			
	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>	<u>Address</u>	Type of Action
AMBR	Candice Beasley	9158 Dunbarton Ct. Knoxville, Tn. 37923	= Add
		 .	□Remove
AMBR	Michelle Applegate	13840 SE 52nd Ct. Summerfield, Fl. 34491	🖹 Add
			Remove
			□Change
			□Add
			□Remove
			Change
	 		□Add
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			🗀 Remove
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ective date, i	other than the date of filing isted, the date must be specific and	g:		(optional)	
reffective date is te: If the date	isted, the date must be specific and serted in this block does not n	cannot be prior to da neet the applicable	te of filing or more than statutory filing requir	90 days after filing.) Frements, this date w	ursuant to 605.020 ill not be listed a
	ve date on the Department of S		success single-	oments, imp date w	mot be more a
	delayed effective date, but not	an effective time,	at 12:01 a,m, on the c	earlier of: (b) The	90th day after the
s filed.					
	$\triangle 0$	2023			
April 7		,			
ted April 7	/ / / /	/ /			
April 7	(An	Gal	K		
April 7	Signature of a	nember or authorized	representative of a me	mber	

Filing Fee: \$25.00