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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2023

FELIPE OVIDIO SANDOVAL BARRIGA 14729 BAHAMA SWALLOW BLVD WINTER GARDEN, FL 34787

SUBJECT: KEY CONSULTING & ADVISORS, LLC

Ref. Number: L22000499258

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

The form you submitted is for a PROFIT CORPORATION, but your entity is, a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Shaunteria Cobbs Regulatory Specialist II

Letter Number: 923A00016825

Sec. 2 2 3 2023

#### **COVER LETTER**

TO: Registration Se Division of Cor			
	SULTING & ADVISORS, LL	c	
SUBJECT:	Name of Lin	nited Lizbility Company	
The england Assinles of	Amendment and fee(s) are sub	amitted for filing	
riease return an correspo	ondence concerning this matter	to the following.	
	FELIPE OVIDIO SANDO	OVAL BARRIGA	
		Name of Person	
	KEY CONSULTING & A	ADVISORS, LLC	
		Firm/Company	20
	14729 BAHAMA SWALI	LOW BLVD	2023 SEP 26
		Address	EP 2
	WINTER GARDEN, FL	34787	(n " ·
	CONT. CTO OVERVO. C	City/State and Zip Code	cation)
	CONTACTO@KEYCA.Co	OM (to be used for future annual report notifi	cation) . The Ci
For further information of	concerning this matter, please o	eall:	7
FELIPE OVIDIO SANI	OOVAL BARRIGA	407 820-9135	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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> Registration		Street Address:	*:~_
Division of C	Corporations	Registration Sec Division of Corp	oorations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Te 2415 N. Monroe	allahassee Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEY CONSULTING & ADVISORS, LLC

a 11/28/2022	
mpany were filed on The 1992	and assigned
ed liability company here:	
ed Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
788 DARING DR.	26
DAVENPORT, FL 33837	023 S
	- <u>- </u>
788 DARING DR.	26 AMIO
DAVENPORT, FL 33837	**************************************
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office address on our records, ente	er the name of the new regis
CELA GARCIA RODRIGUEZ	
RING DR	
Enter Florida street addr	ess
	Florida <sup>33837</sup> Zip Code
	788 DARING DR.  DAVENPORT, FL 33837  788 DARING DR.  788 DARING DR.  DAVENPORT, FL 33837  Office address on our records, enterest address on our records.  CELA GARCIA RODRIGUEZ  RING DR  Enter Florida street address on our records.

#### 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FELIPE OVIDIO SANDOVAL BA	14729 BAHAMA SWALLOW BLVD	□Add
		WINTER GARDEN, FL 34787	🗏 Remove
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O5/01/2023  Silventive date, if other than the date of filling:  an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 of ote: If the date inserted in this block does not meet the applicable statutory filling requirement of cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies is filed.	ier of: (b) The 90th day afte	r the
Signature of a member or authorized representative of a membe		