## K22000513440

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## **COVER LETTER**

TO:

	Registration Sec Division of Corp				
01/15 15/2	Kelly Graha	ms LLC			
SUBJEC	Name of Limited Liability Company				
The encl	osed Articles of A	Amendment and fce(s) are sub-	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		Daniel Siudak			
			Name of Person		
		<del></del>	Firm/Company	7021	
		407 Main Street		7072 DCC 13	
			Address	ယ <del>က</del>	
		Racine, WI 53403		್ಷ :ಎ	
		dans@kdscsi.com	City/State and Zip Code	PE 2: 17	
For furth	er information co	E-mail address: (to proceed this matter, please or	to be used for future annual report notification)		
Daniel S			262 598-7163		
	Name of	Person	at () Area Code Daytime Telephone	Number	
Enclosed	l is a check for th	e following amount:			
□ \$25.	00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELLY GRAHAMS LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
the Articles of Organization for this Limited Liability Company w	vere filed on 12/7/2022 and assigned
lorida document number L22000513440	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabili	
	NA_
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	N A . B
	N A 28
	: :
nter new mailing address, if applicable:	ξύ . :
Aailing address MAY BE A POST OFFICE BOX)	NIA
	THE SECOND
<ul> <li>If amending the registered agent and/or registered office adgent and/or the new registered office address here:</li> </ul>	dress on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	NA
	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>		Address	Type of Action
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				Remove
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ective date, if other than the date of filing:		(optional)	
effective date is listed, the date must be specific and cannot be prior to	tate of filing or more than 9	00 days after filing.) Pursu	ant to 60
te: If the date inserted in this block does not meet the applicab cument's effective date on the Department of State's records.	e statutory tiling require	ements, this date will n	ot be ns
cord specifies a delayed effective date, but not an effective time	, at 12:01 a.m. on the ea	arlier of: (b) The 90th	day aft
s filed.			
December 8th 2022			
ied Determent on	•		
Signature of a member or authori.		_	

Filing Fee: \$25.00