## L22000536282

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## **COVER LETTER**

Division of Cor		•					
Keelen Cor	nm LLC						
SUBJECT.	Name of Limited 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:					
	T. Edmund Spinks						
	<del>1</del>	Name of Person					
	Spinks Law Firm						
		Firm/Company	<del></del>				
2801 W. Busch Blvd. Ste 200							
	-	Address					
	Tampa, FL 3368		260M-1727 250M-250 8- WVF 188				
		City/State and Zip Code	, <del>-</del> ,				
	ed@spinkslawfirm.com						
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	ification)				
T. Edmund Spinks		813 651-1233					
Name o	f Person		ne Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	S30.00 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)				
Mailing Addres Registration S		Street Address: Registration Se	ection				
Division of C		Registration Section Division of Corporations					
P.O. Box 632		The Centre of	l'allahassee				
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEELEN COMM LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12/23/22}{1}$ and assigned Florida document number 1.22000536282 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) .... B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

. Florida

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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			□Change
<del></del>	<del></del>		□Add
		<del></del>	□Remove
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an effective date is listed, the date rote: If the date inserted in this	block does not	t meet the app	ilicable statui	iling or more the tory filing rec	ian 90 days afte juirements, thi	r filing.) Pursu is date will n	ant to 60 ot be lis	5,020° ted a:
ocument's effective date on the	Department of	State's recor	rds.					
record specifies a delayed effec	tive date, but n	ot an effectiv	e time, at 12:	Ola.m. on th	e earlier of: (t	o) The 90th	day afti	er the
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		2023						
December 30		_ •	·					
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