## L23000040213

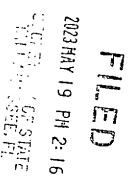
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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US/23

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:Ke	Y Cart Conc	ilerge LLC		
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Na	tasha Murcia Name of Person		
	Key Co	art Concierge LI	<u> </u>	2023
	340 Wes	t Flagler St. #	1201.53 131.08 105 17ME 131.08 105 17ME	HAY 19
	Mia	MI FL 33149 City/State and Zip Code	OF STA	PH 2:
	E-mail address: (i	cart conclerge. Co	m in	16
For further information cond	cerning this matter, please ca	all:		
Natasha Name of Pe		at ( <u>305</u> ) <u>924</u> -	- 4040 e Telephone Number	
Enclosed is a check for the f	ollowing amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations `allahassee e Street, Suite 810	l

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 23 January 2023 and assigned Florida document number L23000040272 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing 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 City 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

.

<u>Title</u>	Name	Address	Type of Action
P -> MG12	Natasha Murcia		□Add
P SMGR	Dylan DiTullio	Changing <u>current officer title P</u> to <u>(MGR (manager))</u> please	Remove (president))  Change
	Changing Officer title (P (preside to MGP (manager)	DChange	
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	in this block does not not on the Department		ible statutory fil	ing requirement	is, this date	: will not	t be liste
rd specifies a delaye iled.	d effective date, but	not an effective til	me, at 12:01 a.m	. on the earlier	of: (b) T	ne 90th c	day after
				$\sim$			
<u>March</u>	24	, <u>2023</u>	//	/ )	$\bigcirc$		
			Mak	et and		-	

Filing Fee: \$25.00