

L23000040212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

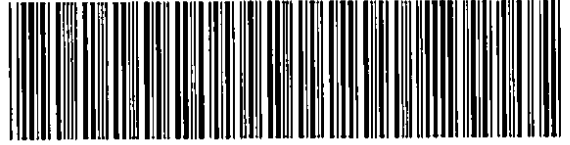
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CLERK OF DISTRICT COURT
JULIA A. SEE PL

US
7/19/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Cart Concierge LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natasha Murcia
Name of Person
Key Cart Concierge LLC
Firm/Company
340 West Flagler St. #3108
Address
Miami, FL 33149
City/State and Zip Code
info@keycartconcierge.com
E-mail address: (to be used for future annual report notification)

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2023 MAY 19 PM 2:16
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Natasha Murcia at (305) 924-4040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Key Cart Concierge LLC

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>(P) → MGR</u>	<u>Natasha Murcia</u>		<input type="checkbox"/> Add
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		<u>Changing (current officer title P (president))</u>	<input type="checkbox"/> Remove
		<u>to (MGR (manager)) please.</u>	<input checked="" type="checkbox"/> Change

<u>(P) → MGR</u>	<u>Dylan DiTullio</u>		<input type="checkbox"/> Add
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		<u>Changing officer title (P (president))</u>	<input type="checkbox"/> Remove
		<u>to (MGR (manager))</u>	<input checked="" type="checkbox"/> Change

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CLERK OF SUPERIOR COURT
ST. LOUIS, MISSOURI

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change officer titles currently listed as "P" (president) to MGR (manager)
for both parties listed above.

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DEPT. OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 24, 2023

Signature of a member or authorized representative of a member

Natasha Murcia

Typed or printed name of signee

Filing Fee: \$25.00