## 1881400066

(Requestor's Name)
<u></u>
(Address)
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<u></u>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;

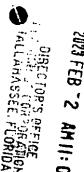
Office Use Only



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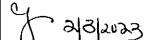
02/02/23--01016--002 \*\*25.00

2023 FEB - 2 AH 10: 34



MECEIVED





## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KEELEY & ASSOCIATES INVESTMENT GROUP LLO
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following.
DUSTIN M. KEELEY Name of Person
Keeley El Associates Invistment Group, LLC
1909 Pacental Home Rd Suite
JACKSUNVILLE, FT 3221G  City/State and Zip Gode  JUNCHE (O G MA) (Company)  I:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dushin M. Keelery at (104), 910 - \$157  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certificate of S

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Keeley & Associates Ir	westment i	Group 2023 FEB -2 AH 10: 35
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on ou liability Company)	ir records.) SECUE
The Articles of Organization for this Limited Liability Company	were filed on $OI/2$	$\frac{23}{23}$ and assigned
Florida document number <u>12300041881</u>	- 1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation	ion "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 a agent and/or the new registered office address here:	ddress on our records,	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ery.	Lipxinic

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 :MBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dustin M. Keeley	1909 Parental Home Rd Si	ile   Xindd
	J	1909 Parental Home Rd Si Traksonville, FL 32216	□Remove
			DChange
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
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			□Change
			DAdd
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	i 1
(If an el Note:	tive date, if other than the date of filing: 02 01 23 (optional) Tective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the reco ecord is f	rd 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 filed.
Dated	02/01/23
	Signature of a member or authorized representative of a member
	DUSTIN M. KEELEY
	Typed or printed name of signee

Filing Fee: \$25.00