## L23000177160

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## COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Erik J. Arroyo		
		Name of Person	
	Arroyo Company Chartere	d	
		Firm/Company	
	15 Paradise Plaza, Suite 14	7	
		Address	
	Sarasota, Florida 34239		
		City/State and Zip Code	
	Erik@FLadvisor.com		
	E-mail address: (	to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
Erik J. Arroyo		941 539-8646 at ( )	
Name o	of Person		ime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 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 Addre		Street Address: Registration S	
Division of C	Corporations	Division of C	orporations
P.O. Box 632	27	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

LAT.27N 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 Liabi	lity Company were filed on 04/10/2023	and assigned
Florida document number L23000177160	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
KEELY BROWN LLC		75
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	ė:	: . - :
(Principal office address MUST BE A STREET A		_
		Pia
Enter new mailing address, if applicable:		1.0
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	····
B. If amending the registered agent and/or registered agent and/or the new registered office address h  Name of New Registered Agent:		he name of the new regi
Name of New Registered Agent:		he name of the new regi
agent and/or the new registered office address h		
agent and/or the new registered office address h  Name of New Registered Agent:	Enter Florida street address	

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>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			□Remove
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ve date, if other than the date of filin ctive date is listed, the date must be specific an	d cannot be prior to d	late of filing or mo	ore than 90 days aft	<b>tional)</b> ter filing.) Pursuant to 60
If the date inserted in this block does not unit's effective date on the Department of S		e statutory filing	g requirements, th	his date will not be lis
specifies a delayed effective date, but no	t an effective time	, at 12:01 a.m. o	on the earlier of:	(b) The 90th day aft
4/27/23	,			
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Signature of a	member or authoriz	ed representative	of a member	