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COVER LETTER

Division of Cor			v
SUBJECT: Will	am James Kelly Name of Limited Liab	Thy Company	
The enclosed Articles of	Amendment and fee(s) are submitted fo	or filing.	
Please return all correspo	ondence concerning this matter to the fol	llowing:	
	william Jam	VS Kelly me of Person	
	W James Ke	II y PA	
	4706 Haw Bran	MRA Apt. 16)))
	SUDVING FZ 33	38-25 ate and Zip Code	
	imkelin 020la	Camal. OM l for fiture annual report notificati	on)
For further information of	oncerning this matter, please call:		29
William	ames Kelly a	1 (<u>843</u>) <u> </u>	057 ephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	Certificate of Status Co	5.00 Filing Fee & ertified Copy dditional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lat	ompany as it now appears on of fitted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Com Florida document number 200475464.	npany were filed on 10111	012023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited William James Kelly LL The new name must be distinguishable and contain the words "Limited"	<u>. C</u>	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~ · · ·
(Principal office address MUST BE A STREET ADDRES	<u> </u>	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
		12
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		.: .:
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	cet address
		, Florida
	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	William J. Kelly	4766 Haw Branch Rd. Apt. 102 Sloving FC 33875	_ XIAdd
			□Remove
			_ Change
			🗆 Add
			□Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be pate: If the date inserted in this block does not meet the apcument's effective date on the Department of State's recomments.	prior to date e pplicable sta	of filing or more	than 90 days aft	tional) er filing.) Purs nis date will r	uant to 605.02 not be listed :
ecord specifies a delayed effective date, but not an effecti is filed.	ive time, at	12:01 a.m. on 1	he earlier of: ((b) The 90th	n day after th
red 0000 29 . 202	<u>3</u> .				
Signature of a member or a					

Filing Fee: \$25.00