124000/80081

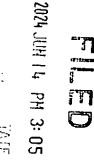
(Re	equestor's Name)	
(Ad	ldress)	
	·	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(D.		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-
Certified Copies	Certificates	of Status _
	_	
	-	
Special Instructions to	Filing Officer:	
_		

Office Use Only



700431537697

06/14/24--01023--010 **25.00





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keys P	ental	Roats	LLC			
Name of the Limite	A Florida Limit	npany as it now appeared Liability Company)	rs on our records.)		_	
The Articles of Organization for this Limited Li. Florida document number	ability Compa	uny were filed on _	4/16/20	and and	assigne	xd
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited li	ability company h	ere:			
NIA						
The new name must be distinguishable and contain the wo	ords "Limited Li	ability Company," the	designation "LLC" or	the abbreviation	"L.L.C."	•
Enter new principal offices address, if applica	ible:	NA		· <u>-</u> ·		
(Principal office address MUST BE A STREET	ADDRESS)					
					2024	
Enter new mailing address, if applicable:		NA		.:-		
(Mailing address MAY BE A POST OFFICE BOX)		· 	· · · · · · · · · · · · · · · · · · ·		<i>=</i>)
					PH	; ; ; ••••••
B. If amending the registered agent and/or re	gistered offic	æ address on our :	records, enter the	name of the	။လု႔ရ	<u></u> gistered
agent and/or the new registered office address	here:					
Name of New Registered Agent:	нА					
New Registered Office Address:						
		Enter Flo	rida street address			
		City	, Florida	aZip Co	de	
		с,				

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 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
AMBR	John Torregios,	11 Lake Shore Drive	_ DVAdd
	J	11 Lake Shore Drive Key Laigo, Fl. 33037	□Remove
		•	_ DChange
			□Add
			□Remove
			Change
		,	CAR
			Remove
		·,	
		:-	ယ. ြ ြ ြ
			□Remove
			_ Change
			□Add
		_ CRemove	
			Change
			_ 🗆 Add
		·	_ DRemove
			□ Chence

					
					·
		·			
		-			
					
				-	
				<u>-</u>	
	<u> </u>				-2
					1 1 HOL 1/202
					<u>=</u>
					<u></u>
				co**	<u> </u>
	 .			73774	 -
				(13) E.	<u> </u>
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be tote: If the date inserted in this block does not meet the socument's effective date on the Department of State's re-	applicable stat	f filing or more than tutory filing requi	(option 90 days after fil rements, this d	ing.) Purmant t	a 605.02 e listed
record specifies a delayed effective date, but not an effectise filed.	ctive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day	after th
ated 6/6 / . 20	<u> 24</u> .				
1	~				
Signature of a member o	or authorized rep	resentative of a me	mber	-	_

.