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(Requestor's Name)	<del>-</del>
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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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## **COVER LETTER**

CUD IE		NE FAMILY LLC			
SUBJEC	.l:	Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	tum all correspo	Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Prison of Corporations Division of Corporations Division of Tallahassee			
		OMAR HAMOUI			
			Name of Person		
			Firm/Company		
			Address		
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				ing and in	
For furthe	er information e		•	инсаноп)	
	AMER A	BURUMAN			
	Name o	f Person		me Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>■ \$25.</b> 0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
I	_	Section	Registration S		
	Division of C P.O. Box 632	<del>-</del>		•	
	Γallahassee, F			oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEYSTONE FAMILY LLC			
( <u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Company	ears on our records.) y)	<del> </del>	
The Articles of Organization for this Limited Liability Company were filed on	04/17/2024	and assigned	
lorida document number			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company	here:		
PLACE DU KENAVIS LLC			
he new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."	
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		24	
		<u>.</u>	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		ؽ	
		- 03	
. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	r records, enter the nar	me of the new regis	
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:  Enter F	Torida street address		
City	, Florida _	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>	<u>Address</u>	Type of Action
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(If an effective da Note: If the d	te, if other than the date ate is listed, the date must be state inserted in this block date inserted on the Depart:	pecific and cannot be prior loes not meet the applica	to date of filing or more thable statutory filing required	(optional) han 90 days after filing quirements, this date	<ul> <li>Dursuant to 605 0207 (3)</li> </ul>
he record specif ord is filed.	fies a delayed effective date	e, but not an effective tin	me, at 12:01 a.m. on th	e earlier of: (b) Th	ne 90th day after the
Dated	APR 30	2024			
		A //	<u> </u>		
	Signs	nture of a member or autho	rized representative of a	member	
		OMAR H	AMOUI		
	· · · · · · · · · · · · · · · · · · ·	Typed or printe	d name of signee		·