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SECRETARY OF STATE
TALL ANASSEF FI

COVER LETTER

	egistration Sect ivision of Corpo				
SUBJECT	R&D Keen Pi	=			
SUBJECT	l:		ited Liability Company		
		mendment and fee(s) are sub-	-		
		Dallas Keen			
			Name of Person		
		R&D Keen Properties LLC			
					
		735 NW NOEGEL RD			
			···		
	LAKE CITY FLORIDA 32055				
		Dallas@h2hca.com	City/State and Zip Code		
		-	to be used for future annual report notif	ication)	
For further	information con	cerning this matter, please ca	all:		
Dallas Kee	en		386 3652935	s 2	
	Name of P	erson	Area Code Daytime	Telephone Number TALLAHAS ALLAHAS SECRETARY OF Second Filing Second Fili	
Enclosed is	s a check for the	following amount:		TARY AHAS	u)
☐ \$25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy Cadditional copy is enclosed	
N	lailino Address:		Street Address:		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

R&D Keen Properties LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on April 30, 2024	and assigned
Florida document number L24000200889		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the r	SEORE ARY OF THE new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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
AMBR	Raymond Keen	735 NW NOEGEL RD	≣ Add
		Lake City Florida 32055	□Remove
			Change
			□Remove
			Change
			SECRETARY OF STALLAHASSEE.
			□ Remove
		 	□ Change
			🗀 Add
			Remove
		-	☐ Change
			□ Λdd
			□ Remove

Effective date, if other than the date of filing: (optional) If an effective 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the red is filed. Dated May 6 , 2024	·		-		·			_
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Filing Fee: \$25.00

Typed or printed name of signee