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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/Štate/Zip/Phone	e #)
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(Bu	usiness Entity Nan	ne)
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COVER LETTER

	ion of Cor			
SUBJECT: _	EXCH	ANGE KEYS LLC		
30Bit.C1		Name of Lin	ited Liability Company	
The enclosed z	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	Il correspo	indence concerning this matter	to the following:	
			ANIBAL VELASQUEZ	
			Name of Person	
		E	EXCHANGE KEYS LLC	
			Firm/Company	
			2855 SW 246TH # 101	· · · · · · · · · · · · · · · · · · ·
			Address	
		H	OMESTEAD, FL 33032	
			City/State and Zip Code	
			kasv2024@gmail.com to be used for future annual report noti	fication)
For further info	ormation c	oncerning this matter, please c	·	
Anibal Vela			at (_385) 439505.	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25,00 Fil	ing 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)
	ng Address stration S		Street Address: Registration Sec	otion
_		orporations	Division of Cor	
	Box 632		The Centre of T	
rana	nassee, F	FL 32314	2415 N. Monrod Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCHANGE KEYS	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL24000392324	were filed on 8:00Al	M SEPTEMBER 09.2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	
		ER H
		HARY 3
Enter new mailing address, if applicable:		m g SS
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	- ' •	·1
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this cape e performance of m provided for in Ch	ry duties, and I am familiar with and apter 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
MEMBER	JOSMIR E. AREVALO CASTRO	CAMPO ALEGRE SECTOR LA GALLERA CALLE	🗆 ^dd
		PRIN MARACAY, AR 2103 VEENZUELA	🖾 Remove
			Change
			🗆 Add
			□Remove
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			🗆 Add
			□ Remove
			□Change
			🗆 Add
			Remove
			□Change
			🗆 Add
		·	🗆 Change
			□ Add
			□ Remove
			□ Change

11	ereby formally remove Mr. Josmir Arevalo
ffective	date, if other than the date of filing: (optional) ive 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.
Note: 10	the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be lister
locume	nt's effective date on the Department of State's records.
record : Lis filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
115 11160	
	10- 10 2024
ated	10- 10
	(
	Signature of a member or authorized representative of a member
	ANIBAL VIII ASQUEZ

Filing Fee: \$25.00