L24000404083

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

porations		
Enterprises LLC		
Name of Lin	nited Liability Company	
A mandmost and Carle) are sub	and al faction	
	•	
ndence concerning this matter	to the following:	
Jeffery Stephens		
	Name of Person	
Kooga Viba Enterprises I I		
Reezy vibe enterprises Li		
	Firm√Company	
PO Box 500747		
	Address	
Marathon, FL 33050		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City/State and Zip Code	
E-mail address: (to be used for future annual report noti	ification)
oncerning this matter, please c	all:	
	941 302-1545	
l'Person		ne Telephone Number
_		
☐ \$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)
<u>s:</u>	Street Address:	
Registration Section		
		•
	PO Box 500747 Marathon, FL 33050 Stephens.jefferyc@gmail.co E-mail address: (concerning this matter) Person Terror Solution of Status Section Corporations	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Jeffery Stephens

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keezy vide Enterprises LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/16/2024	and assigned
Florida document number L24000404083		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the 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)		
	,	
 If amending the registered agent and/or registered off agent and/or the new registered office address here: 	fice address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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	Jeffery C Stephens	PO Box 500747 Marathon, FL 33050	■Add
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			Change
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(If an effe	ve date, if other than the date of filing:
he record ord is fil	
Dated _	09-19 2024
	Signature of a member or authorized representative of a member
	Jeffery C Stephens
	Typed or printed name of signee

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