# #112000121946

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2014 MAR 14 PM 5: 29
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K.SALY EXAMINER MAR 192014





March 4, 2014

JOSE ANTONIO ALVAREZ 5701 SW 107 AVE, STE. 202 MIAMI, FL 33173

SUBJECT: COLSON DRIVE LLC Ref. Number: L12000121946

We have received your document for COLSON DRIVE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: KEY LIFE REALTY, INC., document number P03000024649.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 414A00004748

Karen A Saly Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Subject:

**COLSON DRIVE LLC** 

Re:

L12000121946

Dear Karen,

I am sending you the documents and we have chosen a different name.

**KEYS LIFE REAL ESTATE SERVICES LLC** 

Appreciate your help. Should you have a question please call me.

Thank You,

Jose Antonio Alvarez

C 305-807-5338

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Colso	on Drive LLC		
SUBJECT:		ited Liability Company	
			•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jose Antonio	o Alvarez	
		Name of Person	
		Firm/Company	
	5701 SW 10	7 Ave, Suite 202	· 
		Address	
	Miami, FL 3		
	Alvarezja@jaains	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Jose Anton	io ALvarez	<sub>at</sub> 305, 807-53	338
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing 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)

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 MAR 14 PM 5: 29
TALLAHASSEE, FLORIS

### COLSON DRIVE LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

(111)	riou Billiou Blacking Company)	$-ion \eta g_L$
The Articles of Organization for this Limited Liabilit Florida document number L12000121946	y Company were filed on <u>09-24-2012</u>	and assigned
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the	limited liability company here:	
KEYS LIFE RI	EAL ESTATE SERVICES LLC	
The new name must be distinguishable and end with the words	"Limited 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 AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flor	ida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = 1	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Add
			□ Remove
		•	
			☐ Remove
		· .	<u>.</u>
	<u> </u>		Add
			Remove
			<del></del>
			□ Add
			Remove
			<del></del>
			Add
			Remove

D: If am	ending any other information, enter change(s) here: (Altach additional sheets, if necessary.)
(The ef	fective date, if other than the date of filing:
Dated	February 27 , 2014 ,
	"The Cutonia
	Signature of a member or authorized representative of a member
	Jose Antonio ALvarez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00