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Samuel Andrews

J. SAULSBERRY EXAMINER

JUN 7 2011

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT:	S	J. Key LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Stephen Joseph Key	
	•	Name of Person	
		S. J. Key LLC	
		Firm/Company	
	75	7 SE 17th St. Ste. 370	
		Address	JUN-6 PM 1:52 CRETARY DE STATE CAHASSEE, FLORID ion)
	For	rt Lauderdale, FL 33316	SEA P
		City/State and Zip Code	五四三 一
	E-mail address: (sjkey1@yahoo.com to be used for future annual report notifica	ion) .5
For further information	concerning this matter, please	call:	>> :
Step	hen Joseph Key	at (504) 72	23-6612
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on December 16th,	2003 and assigned
Florida document numberL0300005	3531		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	dment is submitted to amend the following: Solid Registered Agent: No Change		
	S. J. Key Bui	ilders LLC	
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	529 SW 3rd Ave.	
(Principal office address MUST BE A STREE	T ADDRESS)	Fort Lauderdale, FL 33315	2 2
			<u>نب ا</u> خ
Enter new mailing address, if applicable:		757 SE 17th St.	
(Mailing address MAY BE A POST OFFICE BOX)		Ste. 370	<u> </u>
		Fort Lauderdale, FL 33316	
			er the name of the new
Name of New Registered Agent:	No Change		
New Registered Office Address:	No Change		
		Enter Florida street d	address
		, , , , , , , , , , , , , , , , , , , ,	71. 0. 1
		City	Zıp 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Name	Address	Type of Action
	····		Add Remove
			Add
			Add Remove
			Add Remove
			AddRemove
ameno	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	Add Remove
		ge(s) here: (Attach additional sheets, if necessa	JUN -6 PH I:
			52
	June 1st , 20		
	Signature of a member	or authorized representative of a member	

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Filing Fee: \$25.00