

LD4000021530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

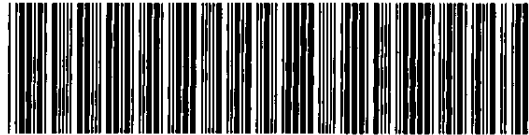
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 31 2007

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY CONCEPTS, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER J MAGUIRE

(Name of Person)

KEY CONCEPTS, LLC

(Firm/Company)

5359 MONTCLAIR PL

(Address)

SARASOTA, FL 34231

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Pete Maguire

(Name of Person)

at (941) 544-1104

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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



(941) 954-1040 Fax (941) 951 1040

December 27, 2007

Deborah Bruce
Regulatory Specialist II
FL Dept of State
Division of Corporations

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07 DEC 31 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Ms. Bruce,

Enclosed please find all information which was sent back to me. I have changed the name to BUILDER OF KEY CONCEPTS LLC. I believe this will be acceptable.

I assume that you have the reinstatement, and the signature page, plus all monies sent, since they were not returned.

Please feel free to contact Marie DeWitt, E.A., of Sharp Accounting, at the above number, or address listed at the bottom of the stationary. She will be available to assist you if there is still a problem with the reinstatement, and the amendment.

Thank you,

Peter Maguire
MGMBR

A handwritten signature in black ink that reads "Peter Maguire". The signature is written in a cursive, flowing style.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2007

PETER J MAGUIRE
5359 MONTCLAIR PL
SARASOTA, FL 34231

SUBJECT: KEY CONCEPTS, LLC
Ref. Number: L04000021530

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07 DEC 31 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for KEY CONCEPTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Adding "THE", to the name is not acceptable.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 807A00070971

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KEY CONCEPTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/01/2006 and assigned
Florida document number L04000021530.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~THE KEY CONCEPTS, LLC~~ Builder of Key Concepts LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(City)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 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 Changing Registered Agent, Signature of New Registered Agent)

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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

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 07 DEC 31 PM 1:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated Dec. 17, 2007



 Signature of a member or authorized representative of a member
Peter J Maguire marm

 Typed or printed name of signee