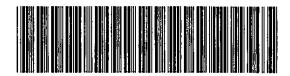
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### **COVER LETTER**

TO: Registration Sect Division of Corpo		
Keene Develo	opment, LLC	
	Name of Limited Liability Company	
The enclosed Articles of At	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	William T. Keene	
	Name of Person	
	Keene Development, LLC	
	Firm/Company	
	10970 S. Cleveland Avenue, Suite 405	
	Address	
	Fort Myers, Florida 33907	
	City/State and Zip Code	
	tim@keenefl.com	
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
William Keene	239 770-4221 at ()	
Name of Po	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	f Status & py

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

Keene Development, 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  $\frac{07/29/2008}{1}$ and assigned Florida document number L08000072973 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10970 S. Cleveland Avenue, Suite 405 Enter new principal offices address, if applicable: Fort Myers, FL 33907 (Principal office address MUST BE A STREET ADDRESS) õ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: 10970 S. Cleveland Avenue, Suite 405 New Registered Office Address: Enter Florida street address

#### 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.

City

Fort Myers

If Changing Registered Agent, Signature of New Registered Agent

. Florida <u>33907</u>

## 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>	<u>Address</u>	Type of Action
PT, MGR	William T. Keene	10970 S. Cleveland Avenue,	
		Suite 405	□ Remove
		Fort Myers, Florida 33907	☐ Change
VS, MGR	Jennifer H. Keene	10970 S. Cleveland Avenue,	□ Add
		Suite 405	☐ Remove
		Fort Myers, Florida 33907	<b>#</b> Change
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