

L09000064/24

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DIVISION OF CORPORATIONS  
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T. HAMPTON

AUG 15 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRAMTIN KEY PROPERTIES, 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:

FRANKLYN A. BUTLER II

Name of Person

FRAMTIN KEY PROPERTIES

Firm/Company

18255 NW 68TH AVE, APT. #524

Address

HIALEAH, FL 33015

City/State and Zip Code

framtinkeyproperties@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANKLYN A. BUTLER II

Name of Person

at ( 954 )

871-9198

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**FRAMTIN KEY PROPERTIES, 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 July 2nd, 2009 and assigned  
Florida document number L09000064124.

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 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 ADDRESS)**

C/O RANDY EDDY, BROKER

12711 MEADOW PINE LANE

FT. MYERS, FL 33913

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

C/O RANDY EDDY, BROKER

12711 MEADOW PINE LANE

FT. MYERS, FL 33913

**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:

RANDY EDDY

New Registered Office Address:

12711 MEADOW PINE LANE

*Enter Florida street address*

FT. MYERS

, Florida

33913

*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 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.*

RANDY EDDY

**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>
MGRM	BUTLER, FRANKLYN A. II	18255 NW 68TH AVE, APT. #524 HIALEAH, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NEMEROVSKY, JASON	13668 CRYSTAL RIVER DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Add <input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 12, 2011



Signature of a member or authorized representative of a member

FRANKLYN A. BUTLER II

Typed or printed name of signee

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