

LO9000076401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. NOV 24 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FEDERAL DEVELOPMENT, 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:

Ricardo Valle

Name of Person

FEDERAL DEVELOPMENT, LLC

Firm/Company

307 S. Willow Ave. Suite 100

Address

Tampa, Florida 33606-2157

City/State and Zip Code

ricardo@keystone-homes.com

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

For further information concerning this matter, please call:

Ricardo Valle

Name of Person

at (813)

842-6584

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**

FEDERAL DEVELOPMENT, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 10 August, 2009 and assigned Florida document number L09000076401.

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)

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 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

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>
	Billy Silas	307 S. Willow Ave. Suite 100	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Craig S. Perry, as Trustee	307 S. Willow Ave. Suite 100	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Stephen I. Margolis	307 S. Willow Ave. Suite 100	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Robert B. Stiegele, Jr	307 S. Willow Ave. Suite 100	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Jeffrey Kronengold	307 S. Willow Ave. Suite 100	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Robert Hutson	307 S. Willow Ave. Suite 100	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

Signature of a member or authorized representative of a member
Ricardo Valle

Typed or printed name of signee