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M. THOMAS

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EXAMINER

· COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
SUBJI	· ECT:	Florida Kev	s Referrals, LLC		
			ed Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Shelly Stano		_
			Name of Person		
Law Offices of Thomas D. Wright, C			Chartered		
			Firm/Company		•
		97	11 Overseas Highway	,	ZUEN DEC 24 TALLAHASSI
			Address		经品品
			Marathon, FL 33050		24 F
			City/State and Zip Code		
		F-mail address: (1	twlaw@bellsouth.net o be used for future annual repor	t notification)	IZ: OI
For fur	ther information co	oncerning this matter, please co		t notification,	
		nelly Stano	at (_305)	743-8118	
	Name of	Person	Area Code & I.	Daytime Telephone Numbe	r
Enclos	ed is a check for th	e following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ate of Status &

MAILING ADDRESS:

1

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

FLORIDA KEYS RE	FERRALS, LLC
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document numberL09000108425	were filed on November 10, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Florida Keys Real Esta	ate Referrals, LLC
The new name must be distinguishable and end with the words "Limito" L.L.C."	729
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	752 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 12: 01 FEE: FLORIDA
B. If amending the registered agent and/or registered off 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 = Mar MGRM = M	nager Ianaging Member		•
Title .	Name	Address	Type of Action
			L. D
			Lan-1 ***
			F-15
			ZBAGE Addis
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if n	Remove No.
	December 15	2000	
Dated	December 15	2009 Dun Nulling	
	Signature	of a nymber or authorized representative of a member	
	l.	Ginger Henderson	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00