P. 001/003 Page 1 of 1

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000066739 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: MURAI, WALD, BIONDO, MORENO, P.A. Account Name

Account Number : 076150002103 Phone

: (305)444-0101

Fax Number

: (305)444-0174

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEYS LAKE VILLAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/14/2011

MAR 1 0 2011 N. Culligan

FAX No.

DIVISION OF CORPORATION OF CORPORATION OF CORPORATION OF CORPORATION OF STATE OF STA

## 

(Name of the Limited	EYS LAKE VILLAS, LLC Liability Company as it now appear Florida Limited Liability Company)	n's od our records.)	
The Articles of Organization for this Limited L Florida document number		2/26/2010	and assigned
This amendment is submitted to amend the foll  A. If amending name, enter the new name of		<u>re</u> :	
The new name must be distinguishable and end wind.L.C."	th the words "Limited Liability Comp	any," the designation "Li	C" or the abbreviation
Enter new principal offices address, if applic	able:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter now mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amouding the registered agent and/oregistered agent and/or the new registered of	or registered office address on Nico address hore:		
Name of New Registered Agent:	Murai word	Brondo +1	noveme P.A.
Now Registered Office Address:		1CE De Leon ter Florida street addre	
		, Florida	
New Registered Agent's Signature, if chauging B	legistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the placept the obligations of my position as regis being filed to merely reflect a change in the r	roper and complete performance stored agent as provided for in C	of my duties, and I an hapter 608, F.S. Or, if	n familiar with and this document is

Page 1 of 2

company has been notified in writing of this change.

ut, Signature of New Registered Agent

MGR = Manager

Fax Audit No: H11000066739 3

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:

MGRM = Managing Member Title Name Address Type of Action MGRM CONSTANTIN ZAHARIA 4775 COLLINS AVENUE #4003 □ Add MIAMI REACH, EL 33040 Remove JAMES C. SAUNDERS MGR 102901 OVERSEAS HIGHWAY bbA 🗂 Remove KEY LARGO, FL 3037 MGRM KEYS LV, LLLP 650 S. NORTHLAKE BLVD **☑** Add SUITE 450 Remove ALTAMONTE SPRINGS, FL 32701 DbA [ □ Romove ∏Add Remove \_\_Add Remove D. If amending any other information, enter change(s) hero: (Attach additional sheets, if necessary!)" Dated

Typed or printed name of signee Page 2 of 2

Signature of a member or authorized representative of a member James C. Saunders, Manager

Filing Fee: \$25.00