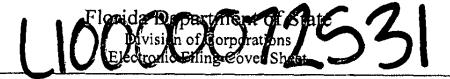
Division of Corporations

Page 1 of 2



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.

(((H16000265765 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:

Account Name

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

Account Number: 076150002103 Phone

: (305)444-0101

Fax Number

: (305)444-0174

**Enter the email address for this business entity to be used for annual report mailings. Enter onlgone email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KEYS LV, LLC

Certificate of Status	0
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Page Count	04
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D. SCOTT

OCT 28 2016

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fax Audit No: H16000265765 3

KEYS LV, LLC	
(Name of the Limited I.	ability Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L10000072531	ty Company were filed on 07/09/2010 and assigned
This amendment is submitted to amend the following	p
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 "LLC."
Enter new principal offices address, if applicable:	And 100 and 10
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re- registered agent and/or the new registered office as Name of New Registered Agent:	gistered office address on our records, epter the name of the new
	5.2.0
New Registered Office Address:	Enser Florida street oddress
	, Plorida 27
	City Ztp Code
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

Fix Audit No: H10000265765 3

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	FRANK K. GROSCH	650 S. NORTHLAKE BLVD.	
		SUITE 450	Remove
		ALTAMONTE SPRINGS, FL 327	□ Change
MGR	JOHN FLYNN	650 S. NORTHLAKE BLVD	■ Add
		SUITE 450	□ Remove
		ALTAMONTE SPRINGS, FL 327	D Change
MGR ANDREW LECCESE	ANDREW LECCESE	650 S. NORTHLAKE BLVD.	S Add
		SUITE 450	C) Remove
	ALTAMONTE SPRINGS, FL 3271	Change	
			CJ Remove
			O Change
			D Add
			□ Remove
			TALCS
			PILED Remove D Remove
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amending any other miori	nauon, cuter thange(s) here.	(Alluch additional sheets, if n	Fax Audit No:	H16000265765 3
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m effective date is listed, the date mu ote: If the date inserted in this b	ut be specific and cannot be prior to di look does mot exect the applicable	ase of filing or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605.0207 (3	AN IO OB. OF STATE OF STATE
cument's effective date on the D	epartment of State's records.		-	DATE OF
record specifies a delaye	d effective date, but not a	n effective time, at 12:01 a	.m. on the earlier of:	
The 90th day after the rec	ord is filed.			
OCTOBER	2016	Alexander () Alexander () Alexander ()		
		A SECOND CONTRACTOR		
7. T. J. Total	Street of A member or suborbe	I representative of a member		
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