L10000098982

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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON OCT 2 8 2010

EXAMINER

COVER LETTER

	gistration Section of Corp			
SUBJECT: KEYWA			INTERIORS LLC	
		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sul	omitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
	1000 BRICKELL AVE STE 715		15	
			Address	
			MIAMI, FL 33131	
			City/State and Zip Code	
7		FQUIN E-mail address: (NTERO777@GMAIL.Co to be used for future annual repor	UM t notification)
 For further i	nformation co	oncerning this matter, please of		
		E QUINTERO	at (_786_)	262-6777
	Name of	`Person	Area Code & D	aytime Telephone Number
Enclosed is	a check for th	e following amount:		
\$ 25.00 F	iling Fee	✓\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		Registration S		
	P.O. Bo	n of Corporations ox 6327 ssee, FL 32314	Division of C Clifton Build 2661 Executi	ing ve Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

K	EYWAY INT	<u>ERIORS LLC</u>	;	
(<u>Name of the Limite</u>	d Liability Comps A Florida Limited	any as it now appea Liability Company)	rs on our records.	
The Articles of Organization for this Limited	y were filed on	09/22/2010	and assigned	
Florida document number L1000009	<u>8987</u> .			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	re:	
	N/A	Ą		
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			·-
		** <u>** *** *** ** ** ** ** ** ** ** ** *</u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered			our records, <u>enter 1</u>	he name of the new
togastored agent andror the new registered		<u> </u>		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
-		Er	nter Florida street ada	ress
			, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GUSTAVO BAEZ	1331 BRICKELL BAY #4707 MIAMI, EL 33131	Add Remove
MGRM_	1711 UNIT LLC	1331 BRICKELL BAY DR UNIT 4707 MIAMI, FL 33131	Add Remove
MGRM	KYASE CORPORATION	1000 BRICKELL AVE #715 MIAMI, FL 33131	Add ☑ Remove
MGRM	JOSE M FERNANDEZ	1000 BRICKELL AVE #715 MIAMI, FL 33131	✓ Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
<u>N</u>	/A		FILED SEGRETARY OF STATE DIVISION OF CORPORATION
Dated	OCTOBER 20 , 2		5 5 ,
) F	TUPE QUINTER d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00