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SECALARIASSÉE, FLORIO,

B. BOSTICK

JAN † 9 2012

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co		a —						
SUBJE	CT:	KEYPLEX MA	NUFACT	URING, LL	С				
50501		Name of Lim							
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for fil	ing.		,			
Please	return all corresp	ondence concerning this matte	r to the follow	ing:					
	JOHN GERALD O'CONNOR Name of Person								
	KEYPLEX MANUFACTURING, LLC								
	Firm/Company								
		1155 LO	OISIANA A	AVENUE, STE	±. 20 <i>7</i>				
		WINTE		FLORIDA 32	789				
	City/State and Zip Code GOC@KEYPLEX.COM E-mail address: (to be used for future annual report notification)				SLOR!	12 Ј/Н -9	£1. W		
For fur	ther information	E-mail address: (concerning this matter, please of	-	uture annual report	notification)		75.5 75.5 75.5 75.5		धि जास्य - अ -
	JOHN GE	ERALD O'CONNOR	at (682-650			PH 5:3	****
	Name o	of Person		Area Code & Da	ytime Telephon	e Number	AÌE ORIDA	: 39	
		the following amount:							
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & ied Copy ional copy is encl	osed)	60.00 Filir Certificate Certified ((additiona	e of Statu Copy		ed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registration S Division of Co Clifton Building	orporations ng e Center Circle					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	MANUFACTURING ity Company as it now appe	, LLC ars on our records.)		
(A Florid	a Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on	August 22, 2011	and assi	gned
Florida document numberL11000097365	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company ho	ere:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "Ll	LC" or the at	obreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD)	DRESS)			
		<u> </u>	<u> </u>	
		Ä		E mar yang
Enter new mailing address, if applicable:	<u> </u>	<u> </u>		Recon
(Mailing address MAY BE A POST OFFICE BOX)		ت. الدا زر		N 1961
			<u>-15</u>	14.400
			ည်း သ	***
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	sistered office address on ddress here:	our records, entersth	ië name of	f the new
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>	Address	Type of Action
MGR	JOHN G. O'CONNOR	1155 LOUISIANA AVENUE, STE 207 WINTER PARK, FL 32789	Add Remove
<u>MGRM</u>	O'CONNOR INTERNATION	1155 LOUISIANA AVENUE, STE 207 WINTER PARK, FL 32789	Add Remove
MBR	ANNE WODENSHEK	1155 LOUISIANA AVENUE, STE 207 WINTER PARK, FL 32789	_ ☐ Add _ ☑ Remove _
			Add Remove
			_□Add _□Remove
		TAL A	Add Remove
D. If an	nending any other information, enter change	(s) here: (Attach additional sheets, if necessary)	
	KEYPLEX INTERNATIONAL, LLC is		11
	company.	ORIDA	5. 39 5. 39
			_
Dated		11	_
	ye.	MOC Q	
	·	or authorized representative of a member	
		N G. O'CONNOR or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00