L12000 128017

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SECRETARY OF STATE DIVISION OF CONTORNIONS

OCT 1 7 2012'
T. HAMPTON

COVER LETTER

TO: Registration Secti Division of Corpo		j	المؤر ا			
SUBJECT: Keewaydin	Holdings, LLC					
Septem		ted Liability Company)				
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.				
Please return all correspond	lence concerning this matter t	to the following:				
	Douglas L. Hein	Oler CP				
		(Name of Person)				
	Voyager Group, LP					
		(Firm/Company)				
	90 Beta Drive					
		(Address)				
	Pittsburgh, PA 15238					
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
Douglas L. Hein		at (412) 968-4057				
(Name of I	Person)	at (412) 968-4057 (Area Code & Daytime Te	elephone Number)			
Enclosed is a check for the	following amount:					
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 OCT 16 AM 11: 26

Keewaydin Holdings, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. iability Company)	
	1	
The Articles of Organization for this Limited Liability Company	were filed on October 8, 2012	and assigned
Florida document number <u>L12000128017</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The state of the same of the s	mily bompung more.	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	780 5th Avenue South	
(Principal office address MUST BE A STREET ADDRESS)	Naples, Florida 34102	
Enter new mailing address, if applicable:	780 5th Avenue South	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, Florida 34102	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
registered agent and/of the new registered office address ner	<u>v</u> .	
Name of New Registered Agent:		
		<u> </u>
New Registered Office Address:	(Enter Florida street a	ddrass)
	(Liner 1 tortuu sireet u	su: 000/
· · · · · · · · · · · · · · · · · · ·	, Florida	(Zip Code)
	(City)	(LIP Cour)

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			_□ Add
			□ Remove
			Add
			□ Remove
		·	— ~
			Remove
			_□ Add _□ Remove
	,		Remove
			□ Add □ Remove
			Remove
			□ Add □ Remove
			Remove
D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	r-1
_			12 00
_	W-III		1 16 P
_			
			AMIL: 26
Dated Oct	ober 11 , 2012		ča
	Signature of a member of	r authorized representative of a member	
		mes J. Dolan r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00