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EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo		•	•	
SUBJECT: KING	DOM KEYS Name of Limit	REALTY, LLC ed Liability Company	 	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	REGINA A	BRASSIC Name of Person KEYS REALTY, Firm/Company	uc	
		divers Bay Co	rde	
	Sarasoto Sramktgo	City/State and Zip Code City/State and Zip Code City/State and Zip Code Code Code Code City/State and Zip Code	iom_	
For further information cond			ion)	
REGINA Name of Po	•	Area Code & Daytime Te	189 elephone Number	
Enclosed is a check for the f	following amount:	•		
1- /	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Bridge and State
MAILIN	C ADDRESS.	STREET/COURIER	ADDRESS:	A min

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**

KINGDOM KEYS KEAL (Name of the Limited Liability Compan (A Florida Limited Li	TY LL	-C lears on our records.)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L12000129876</u> .			nd assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company	<u>here</u> :		
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Cor	npany," the designation "LLC" o	r the abbreviatio	on
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		,		
		L. d.		
Enter new mailing address, if applicable:	· · ·			
(Mailing address MAY BE A POST OFFICE BOX)		* .		
			F0 2	·
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address o	n our records, enter the na	me-of the ne	W States
registered agent units of the new registered office address nere	•		- SE - 2	
Name of New Registered Agent:				1000
New Registered Office Address:			93 7	, and the second
		Enter Florida street address	- 17 S	
		, 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 = Ma	naging Member	•	
<u>Title</u>	Name	Address	Type of Action
<u>MGRM</u>	REGINA ANN BRASSIL	<u>4993 Gardiners Bay Grck</u> Sarasota FL 34238	Add Remove
			Add Remove
		·	d
			SECRETARY OF MAIN OF
	•		
			move
	•• .		Add Remove

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	November 2, 2012.
	Regula ann Brows II Signature of a member or authorized representative of a member REGINA ANN BRASSIL Typed or printed name of signee
	Signature of a member or authorized representative of a member
	KEG INA ANN BRASSI L Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIGH