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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
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SECRETARY OF STATE

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COVER LETTER

TO: **Registration Section Division of Corporations**

KEYES PROPERTY MANAGEMENT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

r tease return an correspo	ductice concerning this matter	to the following.		
	Walter Reye	es		
		Name of Person		
	The Keyes (Company		
		Firm Company		
	2121 SW Th	nird Ave, Ste 6	01	
		Address		
	Miami Fl 33	129		
		City/State and Zip Code		35,7
	walterreyes@key			SECRETARY ALLAHASSI
	E-mail address: (to be used for future annual report	notification)	元 S S S
For further information c	oncerning this matter, please ca	all:		
Walter Rey	es	_{at} 305 779	9-1949	AU CONTRACTOR OF THE CONTRACTO
Name o	f Person	Area Code Day	ytime Telephone Number	
Enclosed is a check for the	ne 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 Fili Certificate Certified (e of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEYES PROPERTY MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability ComFlorida document number <u>L12000153451</u>	npany were filed on 12/10/	/2012	and	assigno	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company here:				
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the design	nation "LLC" or the ab	breviatio	ı "L.L.C	Z."
Enter new principal offices address, if applicable:		:	Ž <u>i</u>	2014	
(Principal office address MUST BE A STREET ADDRES	<u>SSS)</u>		1 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1 1 PPR	1
			**************************************	=	1 to 11
				Ã.	[: .
Enter new mailing address, if applicable:			<u> </u>	-	
(Mailing address MAY BE A POST OFFICE BOX)				<u>-</u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		records, <u>enter t</u>	he nan	ie of	the nev
rest togistated office radioss.	Enter Florida sti	reet address			
·		, Florida			
New Registered Agent's Signature, if changing Registered A	City		Zip Co	de	
		with I forth an accord			ماد مادند
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com-					

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Name 1 Address 21346 ST ANDREWS BLVD #430 MARBEN LLC **AMBR** BOCA RATON, FL 33433 CRemove □ Add . ☐ Add □ Remove □ Remove □ Add

	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot	ot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

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