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ZIN JUL 10 P 12: 0: SECRETARY OF STATE

B. BOSTICK
JUL 17 2014
FY. MINER

TO:

Registration Section bivision of Corporations

SUBJECT:

Keystone Home Properties, 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:

Lisa Shults

Name of Person

Corporate Direct, Inc.

Firm/Company

2248 Meridian Blvd., Ste. H

Address

Minden, NV 89423

City/State and Zip Code

Ishults@corporatedirect.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Shults

____at (<u>113)</u> 20

Name of Person

Area Code

Daytime Telephone 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

Keystone Home Properties,					
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number L1400007891 This amendment is submitted to amend the follow	·	were filed on <u>05/15/2</u>	014	and assign	ed
A. If amending name, enter the new name of t	he limited liab	ility company here:			
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designat	ion "LLC" or the abl	previation "L.L.	C."
Enter new principal offices address, if applica	ble:	60 East Simpson	Ave.		
(Principal office address MUST BE A STREET ADDRESS)		Jackson, WY 83	001		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	60 East Simpson Jackson, WY 83	_	SECRETARY OF	T
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered o ice address her	ffice address on our r <u>e</u> :	records, <u>enter t</u>	STAME 25	the new
Name of New Registered Agent:	Gerri Detw	eiler		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1037 Grey	stone Lane			
		Enter Florida stree			
	Sarasota		, Florida <u>342</u>	232	
		City	-	Zip Code	
New Registered Agent's Signature, if changing R.	egistered 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 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Triple Trinity Holdings, LLC	60 East Simpson Ave. #2869 ■ Add	
		Jackson, WY 83001	□ Remove
AMBR	Jennifer W Gladdish	2303 SW 112th St.	
		Gainesville, FL 32607	■ Remove
AMB	Bennie W Gladdish Jr.	2303 SW 112th St.	[] Add
		Gainesville, FL 32607	■ Remove
			Remove
•		نے چ	<u>-=</u> □ ∀qd
			□ Add
			_□ Remove

. If ame	nding any other infor	mation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
_			
_			
_			
_			
(The effe		the date of filing: annot be prior to date of receipt or filed date and cannot be Florida Department of State)	(optional) more than 90 days after
Dated	July 1	2014	
	Benni	W. M. leckduck, D.	
	Bennie W.	Signature of a member or authorized representative of Gladdish, Jr Member	f a member
		Typed or printed name of signee	

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Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA