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B. BOSTICK
NOV 1 9 2014
EXAMINER

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
CUBICT.	Keystor	ie Home Properties, LL	С		
SUBJECT:	-	Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Lisa Shults			
-			Name of Person		
		Corporate Direct, In	c.		
			Firm/Company	<u> </u>	
		2248 Meridian Blvd	Ste H	No.	
			Address		
		Minden, NV 89423		SEGRETA SEGRETA	Andrea Andreas
			City/State and Zip Code	MA TO	i real
		info@corporatedirec	t.com to be used for future annual report notifi		3 8 T
For further in	nformation c	oncerning this matter, please c	·	cation)	<u> </u>
Lisa Shulf	ts		775 284-7167		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keystone Home Properties, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our recordinited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	mpany were filed on 05/15/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
-		
he new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	_	
		32
 If amending the registered agent and/or registered agent and/or the new registered office address. 		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
		lorida
	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 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

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>Name</u>	<u>Address</u>	Type of Action
Triple Trinity Holdings, LLC	60 East Simpson Ave., Box 2869	
	Jackson, WY 83001	■ Remove
Bennie W. Gladdish, Jr.	60 East Simpson Ave., Box 2869	■ Add
	Jackson, WY 83001	□ Remove
Jennifer W. Gladdish	60 East Simpson Ave., Box 2869	= Add
	Jackson, WY 83001	□ Remove
	·	□ Add
		Remove
	Triple Trinity Holdings, LLC Bennie W. Gladdish, Jr.	Triple Trinity Holdings, LLC Go East Simpson Ave., Box 2869 Jackson, WY 83001 Bennie W. Gladdish, Jr. Go East Simpson Ave., Box 2869 Jackson, WY 83001 Jennifer W. Gladdish Go East Simpson Ave., Box 2869 Jackson, WY 83001

. If amending any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)
. ,	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated November 6	2014
Bennie W Dla	ddist, J.
Signature of a mo	ember or authorized representative of a member
Bennie W. Gladdish, Jr., Mem	ber
	yped or printed name of signee

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Filing Fee: \$25.00

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