L14000097525

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

B. BOSTICK
JUL 1 4 2014

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TO:

Registration Section Division of Corporations

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

Please return all correspondence concerning this matter to the following:

E-mail address: (to be used for future annual report notification) D. COM For further information concerning this matter, please call: 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

Keller D. Marts New Trage Commercial LLC
(Name of the Limited Liability Company and it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on	nc 17, 20 Hand assigned		
Florida document number <u>L 1400009752</u>	<u>.5</u> .	·		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
Her toge Connexc The new name must be distinguishable and end with the words "I	in Beaty Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADL	ORESS)	SEC SEC		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JUL 14 P 5: AHASSEE. FLOR		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		≽"'α		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address , Florida			
<u> </u>				
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Remove
			□ Remove
			□ Add
			SE D move
			TARY OF ASSEE, F
			TATE Demove
			□ Remove

	If amendi	ng any other inform	ation, enter change	(s) here: (Attach	additional sheets,	if necessary.)
				.		
						
] ('	The effective	late, if other than the date must be specific, can document is filed by the	nnot be prior to date of re	ceipt or filed date and	cannot be more than 9	(optional) 00 days after
	Dated	bliotzo	of , _			
	_	Real	Brook			
		Peail	Signature of a membe			
	•	- 3.	Турес	or printed name of s	ignee	

SECRETARY OF STATE

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Filing Fee: \$25.00