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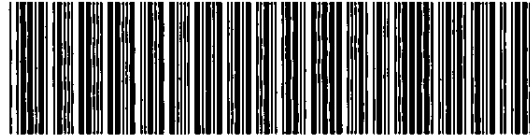
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Residential Services, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca J. Barnes

Name of Person

MendenFreiman LLP

Firm/Company

2 Ravinia Drive, Suite 1200

Address

Atlanta, GA 30346

City/State and Zip Code

rbarnes@mendenfreiman.com

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

*Key
Residential*

For further information concerning this matter, please call:

Rebecca J. Barnes

at (

770

Area Code

559-5531

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Key Residential Services, LLC

SECOND: The Florida Document number of the limited liability company is: L14000122727

THIRD: Document to be corrected is:
Articles of Organization for Florida Limited Liability Company

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article I contains the incorrect statement that the name of the Limited Liability
Company is: KEY RESIDENTIAL SERVICES, LLC. The corrected Article I
should read: "The name of the Limited Liability Company is: Mistahki III, LLC."

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Jeffrey Brock

Date

9/3/14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 11 PM 4:56

FILED

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**