

L14 000 192 416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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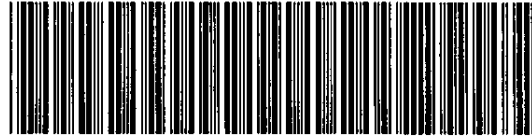
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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S Warren

AUG 18 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEEPWELL 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:

RICK SEIN

Name of Person

REALSOURCE PROPERTY MANAGEMENT, LLC

Firm/Company

6900 TURKEY LAKE ROAD, SUITE 2-3, ORLANDO, FL 32819

Address

City/State and Zip Code

CHATBURN.DAVID@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID CHATBURN

407 298-9777
at ()

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**

KEEPWELL LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/18/2014 and assigned
Florida document number L14000192416.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MANAGEMENT ACQUISITIONS OF CENTRAL FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6900 Turkey Lake Road, Suite 2-3, Orlando, FL 32819

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6900 Turkey Lake Road, Suite 2-3, Orlando, FL 32819

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

REALSOURCE PROPERTY MANAGEMENT, LLC

New Registered Office Address:

6900 Turkey Lake Road, Suite 2-3

Enter Florida street address

Orlando

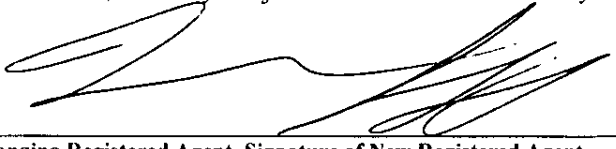
City

, Florida 32819

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BENJAMIN YONGE	2440 SAND LAKE ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICK F. SKIFFINGTON	100 W. LUCERNE CIRCLE #200	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ASST. SECRETARY	RICK SEIN	6900 TURKEY LAKE RD, Ste 2	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ASST. TREASURER	DAVID CHATBURN	6900 TURKEY LAKE RD, STE 2	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 15, 2016.



Signature of a member or authorized representative of a member

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA