

L160000046317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 MAY -9 P 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016

A BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Home Designs, 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:

Kathleen A. Mathews-Plunkett
Name of Person

Key Home Designs
Firm/Company

136 Golden Gate Pt. #302
Address

Sarasota, FL 34236
City/State and Zip Code

kathy@yourkeytodesign.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Mathews-Plunkett at (941) 320-1003
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee
ck # 5012
enc. | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2018 MAY - 9 P 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Key Home Designs, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/7/2016 and assigned Florida document number L16000046377.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
--------------	-------------	----------------	-----------------------

AMBR	KATHLEEN A Mathews-Punkett		<input type="checkbox"/> Add
------	----------------------------	--	------------------------------

☐ Remove

☒ Change

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married on April 16, 2017
certified copy of License enclosed

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2016 MAY - 9 P 12:57
TOLSON, SEEN - 10000

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Marriage License Attached

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 30, 2016.

Kathleen A. Mathews-Plunkett
Signature of a member or authorized representative of a member

KATHLEEN A. MATHEWS-PLUNKETT
Typed or printed name of signee

FILED
2016 MAY -9 P 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

"STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct copy
of pages 1 through 1 of the instrument filed in
this office. The original instrument filed contains 1
pages.

☒ This copy has no redactions. ☐ This copy has been
redacted pursuant to law.

Witness my hand and official seal this 18 day of
April, 2016

KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT
By: [Signature]
Deputy Clerk

2016 ML 000749
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) MICHAEL STEWART PLUNKETT		1b. MAIDEN SURNAME (if applicable)		2. DATE OF BIRTH (Month, Day, Year) 10/02/1937	
3a. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		3b. COUNTY SARASOTA		3c. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) ILLINOIS		5. NAME OF SPOUSE (First, Middle, Last) KATHLEEN ANN MATHEWS		5b. MAIDEN SURNAME (if applicable)	
6. DATE OF BIRTH (Month, Day, Year) 11/11/1951		7a. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		7b. COUNTY SARASOTA	
7c. STATE FLORIDA		8. BIRTHPLACE (State or Foreign Country) MICHIGAN			

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink)

[Signature]

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

04/05/2016

11. TITLE OF OFFICIAL

Deputy Clerk

12. SIGNATURE OF OFFICIAL (Use black ink)

[Signature]

13. SIGNATURE OF SPOUSE (Sign full name using black ink)

[Signature]

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

04/05/2016

15. TITLE OF OFFICIAL

Deputy Clerk

16. SIGNATURE OF OFFICIAL (Use black ink)

[Signature]

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE

SARASOTA

18. DATE LICENSE ISSUED

04/05/2016

18a. DATE LICENSE EFFECTIVE

04/08/2016

19. EXPIRATION DATE

06/03/2016

20a. SIGNATURE OF COURT CLERK OR JUDGE

[Signature]

20b. TITLE

**KAREN E. RUSHING
CLERK OF THE CIRCUIT COURT**

20c. BY

37

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)

04-16-2016

22. CITY, TOWN, OR LOCATION OF MARRIAGE

136 Golden Gate Point #302, Sarasota, FL

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

[Signature]

23c. ADDRESS (Of person performing ceremony)

**516 Seaboard Oaks Circle
Sarasota, FL 34232**23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY
(Or notary stamp)**Lauren E. Miller
Ordained Minister**

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

[Signature]

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

[Signature]

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

SPOUSE	26. SOCIAL SECURITY NUMBER 333 - 30 - 3092	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c	
				29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DEATH
SPOUSE	30. SOCIAL SECURITY NUMBER 373 - 60 - 7003	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c	
				33a. NO. OF THIS MARRIAGE 5	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE
				33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 04/17/2012	
				33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 01/29/1999	