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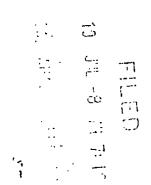
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JUL 1 7 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Honeystone Homes, 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:
Christopher Trantner Name of Person
Honeystone Homes, LLC Firm/Company
3570 Olney Laytonsville Rd Suite 1500
Olney, MD 20830 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Troutner at (301) 368 - 8200 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

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

(Name of the Limited Liability Co	nes, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany ás it now appears on ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>し し 00005497</u> 7	any were filed on Ma	rch 17, 20	(and assigned
This amendment is submitted to amend the following:			
·			
A. If amending name, enter the new name of the limited l	liability company here:		
Key Real Estate Partners, LLC			
The new name must be distinguishable and contain the words "Limited L	liability Company," the design	nation "LLC" or the abbre	rviation "L.L.C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
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			:: 5
Enter new mailing address, if applicable:		_ ·	-:1
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	straat a lelvace	
	Emer r writa s		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	•		ing Com
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If Changing Registered Agent, Signature of New 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 aniending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>a</u>			Add
			Remove
			□ Add
			Remove
			☐ Change
			Add
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t an effe Note:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 0 90th day after the record is filed.
Dated .	June 21st 2019. Chaptle M. Troutne Signature of a member or authorized representative of a member
	Christopher M. Troutner Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00