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PICK-UP	WAIT	MAIL
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O SIMMONS DEC 15 2018

COVER LETTER

Division of Corp			
SUBJECT: K	eeley Pro	perty Man	agement, LL
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Vinny	Name of Person	
		Firm/Company	
	10541 HE	Pritage Park Address	Place
	La Keland VKeeley E-mail address: (City/State and Zip Code Construction City/State and Zip Code Construction City/State and Zip Code Construction Construction Construction City/State and Zip Code Construction Con	uction CS. Com
For further information co	ncerning this matter, please ca		
Vinny k	Yeeley Person	at (863) 698 Area Code Daytime	4537 Telephone Number
Enclosed is a check for the	e 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L 16 0001239.48 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

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.

City

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>	Name	Address	Type of Action
MGRM	Leonard M. Wilt	675 Christing Blud E	X Add
		Lakeland, FL 33813	Remove
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n effective date is listed, te: If the date inserte		and cannot be prior to of meet the applicat	date of filing or more thatle statutory filing requ		.) Pursuant to 605.0
	a delayed effectiver the record is file		an effective time,	at 12:01 a.m.	on the earlie
ed <u>12-7</u>	-	2018	? 		

Page 3 of 3

Filing Fee: \$25.00