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(Re	equestor's Name)	
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COVER LETTER

Div	ision of Corpo	oratións			
SUBJECT:	Golden Key F	Real-Estate Group, LLC			
SUBJECT		Name of Limi	ted Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return	all correspond	dence concerning this matter t	to the following:		
		Charis Campbell			
			Name of Person		
		Golden Key Real-Estate Gr	roup, LLC	,	
			Firm/Company		- B.O.
		6251 Park Blvd. Stc. 4			JAN-9
			Address		1 0 00
		Pinellas Park, FL 33781			PM 4: 05
			City/State and Zip Code		#: B
		campbell@goldenkeylawgro	•		S 3
			o be used for future annual report notifica	ition)	,
For further is	nformation cor	ncerning this matter, please ca	dl:		
Charis Cam	pbell		772 240-9250 at ()_		
	Name of I	Person	Area Code Daytime T	elephone Number	
Enclosed is a	a check for the	following amount:			
■ \$25.00 F	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 Sta Certified Copy (additional copy is e	atus &

MAILING ADDRESS:

Registration Section

TO:

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

Golden Key Real-Estate Group, 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 $\frac{09/02/2016}{1}$ and assigned Florida document number L16000165586 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Charis Campbell, 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: (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 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

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>	Address	Type of Action
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cument's effective dat	te on the Departmen	it of State's recor-	ds.			
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	Signature	Tota member or a	ithorized representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00