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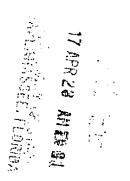
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COVER LETTER

TO: Registration Se Division of Co			
KEITH RE	EALTY GROUP PLLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Michael E. Dujovne, Esq.		
		Name of Person	
	Volk Law Offices, P.A.		
		Firm/Company	
	1901 S. Harbor City Blvd.	, Suite 700	
		Address	
	Melbourne, FL 32901		
	keith@keithrealtygroup.cor	City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Joan R. Soderberg		321 726-8338 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEITH REALTY GROUP PLLC (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 October 14, 2016 and assigned Florida document number L16000190258 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Keith Brodsky PLLC 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

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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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Effec (If an e <u>Note</u> docur	tive date, if other than the date of filing: [Coptional] ffective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records.	5.0207 (ted as tl
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.	er of:
) Th		
Dated	1-4/21/17	
i) Th	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00