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2016 NOV 23 P U 3 - SECRETION OF STATE

D. BRUCE NOV 28 2016

COVER LETTER

Division of Corporations
SUBJECT: 510 N TUCKEY Creek, LLC Name of Limited Litability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Schn T. Keiser Name of Person 510 N. Turkey Creek, LLC Firm/Company 324 Blanca Ave Address Tampa Fl 33606 City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Schn T. Keiser at (813) 545-5237 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section

TO:

Registration Section

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	Key Cre	it now appears on our rity Company)	records.)	
The Articles of Organization for this Limited Lial	bility Company wer		_	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	oke:	ompany," the designation	"LLC" or the abbr	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		LAHASSEE, FL	2016 MOV 23 D
B. If amending the registered agent and/or registered agent and/or the new registered offi		address on our re	cords, enter ti	ne name of the nev
Name of New Registered Agent:	<u>J.T.</u>	Keiser,	LLC	
New Registered Office Address:	324	BLANCA Enter Florida street d		
	TAM	PG City	_, Florida <u> </u>	3606 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	J.T. Keiser, LLC	PO BOX 5689	
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ffective date is listed, the date mu If the date inserted in this b	ist be specific and cannot be price	or to date of filing or me	re than 90 days after filing.) P	
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Filing Fee: \$25.00