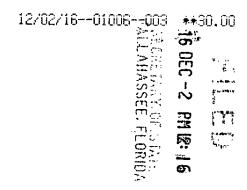
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(Requestor's Name)
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COVER LETTER

			1
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Desiree Please			
The analoged Amigles of A	mondment and foo(s) are subn	nitted for filing	
Please return all correspon	dence concerning this matter t	o the following:	
	Desir	ee Pyle	
	Key Rea		ment, LLC
	6336 But	ord St, #6	509
	Orlando	,FL 328	35_
	desiree.r E-mail address: (1	n. Pyle @ ai	
For further information co	ncerning this matter, please ca	11:	
Desiree Name of	Person	at (<u>863)</u> <u>241</u> Area Code Daytimo	8096 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on _/ Florida document number 416000213037 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:

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

Enter Florida street address

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 Type of Action Title Name □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Add ☐ Remove ☐ Change ☐ Add □ Remove _□ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or monotomer. If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 60 g requirements, this date will not be lis)5.020 sted as
e record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	ime, at 12:01 a.m. on the earl	ier c
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Signature of a member or authorized representative	or a memocr	

Page 3 of 3

Filing Fee: \$25.00