Division of Corporations Florida Department of

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Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I1999000006 Phone (407)425-7010

Fax Number : (407)425-2747

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Email Address: <u>Szimmerman@agpmanager.com</u>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEYS AFFORDABLE DEVELOPMENT IV, LLC

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## **COVER LETTER**

L16000221714

	egistration Se ivision of Co			
SUBJECT	KEYS AF	FORDABLE DEVELOPMEN	TIV, LLC	
SCDSECT	·	Name of Lin	nited Liability Company	
The enclos	ed Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		SCOTT ZIMMERMAN		
			Name of Person	
		agpm – Banyan dev	ELOPMENT GROUP	
			Firm/Company	
		501 N. MAGNOLIA AVE	ENUE	
			Address	<del></del>
		ORLANDO, FL 32801		
			City/State and Zip Code	
		szimmerman@agpmar	nager.com	
For further	information c	E-man address. (concerning this matter, please c	to oe ased for fainte among report not	ification)
		. ,	ui).	
SCOTT ZI	MMERMAN		407 447-1780 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	te following amount:		
<b>≡</b> \$25.00	Filing Fee	S30.00 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)
	ailing Addres egistration S		Street Address: Registration Se	ection
		orporations	Division of Con	
	O. Box 632		The Centre of	Tallahassee
18	allahassee, J	TL 32314	2415 N. Monto	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION -8 71 8:00 OF

L16000221714

sered Agent, Signature of New Registered Agent

KEYS AFFORDABLE DEVELO	PMENT IV, LLC				
(Name of the Line	led Liability Compa (A Florida Limited	any sy it now appensy) Liebility Company)	r records.)		
The Articles of Organization for this Limited I Florida document number L16000221714					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and commin the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRP.	ET ADDRESS)				
Enter new mailing address, if applicable:		501 N. MAGNOLIA	AVENUE		
(Mailing address MAY BE A POST OFFICE	(BOX)	ORLANDO, PL 32801			
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ss here: SCOTT ZIMM		s, enter the name of the new registeree		
Name of New Registered Agent:	SCOTT ELIVIN	IEM/IM:1			
New Registered Office Address:	501 N. MAGN	IOLIA AVENUE			
	001.0000	Enter Florida str			
	ORLANDO	Cliv	, Florida 32801		
New Registered Agent's Signature, if changing	Registered Agent:	•	Ep Code		
I hereby accept the appointment as register provisions of all statutes relative to the propaction as register accept the obligations of my position as registing filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as registered office	ee to act in this capac performance of my di provided-for in Chapt	uties, and I am familiar with and F605, F.S. Or, if this document is		

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 L16000221714

Title	<u>Name</u>	Address	Type of Action
MGR	MARTIN C. FLYNN	PO BOX 540337	
		MERRITT ISLAND, FL 32954	■Remove
MGR	KEYS AFFORDABLE	501 N. MAGNOLIA AVENUE	<b>≣</b> Add
	MANAGEMENT IV, LLC	ORLANDO, FL 32801	_
			DChange
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			Change
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record spe d is filed.	ecifies a deia	iyed effective	date, but no	ot an effecti	ve time, at 1	2:01 a m. or	the earlier o	f: (b) The 9	Oth day after the
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