L17000026782

Office Use Only



700303918697

10/12/17--01021--01 **25.00 *: \frac{1}{2}

- 3F

of Harage

COVER LETTER

то:		stration Sec sion of Corp		•	
SUBJE		GoldKey No	etwork, LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
The end	closed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	return :	all correspor	ndence concerning this matter	to the following:	
			Matthew Redmer		
				Name of Person	
			GoldKey Network, LLC		
				Firm/Company	
			532 Abbotsford Ct.		
				Address	
			St. Johns, Florida 32259		
				City/State and Zip Code	
			mattredmer@gmail.com		
			E-mail address: ()	to be used for future annual report noti-	fication)
For furt	her in	formation co	oncerning this matter, please ca	all:	
Matthe	w Red	mer		904 755-0766 at ()	
	,	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a	check for the	e following amount:		
\$25	5.00 Fi	ling 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our rec d Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Compar	pility Company were filed on 02/02/2017		
Florida document number L17000026382*			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
RobinHood Realty, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	.LC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		Ter ¹ Pin	N3 ====================================
(Principal office address MUST BE A STREET ADDRESS)		· <u>-</u>	7
		· · · · · · · · · · · · · · · · · · ·	—-: ↔- ——: ;::-
		• • • • • • • • • • • • • • • • • • •	
Enter new mailing address, if applicable:		•	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		е	••
		r_ •	۳. (۳)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, <u>enter</u>	the name of th
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	,	Florida	Zip Code
	City		Ziv 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Add
			□ Remove
			Change
			□ Add
			PChange
	·		⊒.'
			C) F Remove

		•	: : : : : : : : : : : : : : : : : : :	•
	Matthew Redmer	Typed or printed name of signee	~ ~	!
	Sign	nature of a member or authorized representative of a member	: :	er:sa
	HATEM.		2017	e. ,
ited _	October 9	2017	٠.	
	90th day after the record			
		fective date, but not an effective time, at 12:0	1 a.m. on the earl	ier o
an effe <u>lote:</u> !	ctive date is listed, the date must be s	specific and cannot be prior to date of filing or more than 90 days a does not meet the applicable statutory filing requirements,	after filing.) Pursuant to 60	
fectiv	ve date, if other than the date	e of filing:(a	ntional)	
_				_
_	· · · · · · · · · · · · · · · · · · ·			_
				-
_				-
_			····	_
				_
_				_
				-
_				-
_				-
			•	_
				_
			· · · · · · · · · · · · · · · · · · ·	_

Filing Fee: \$25.00