

L17000070073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 31 PM 12:14

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SEP 07 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Key Realty One LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Hall

\_\_\_\_\_  
Name of Person

Key Realty One LLC

\_\_\_\_\_  
Firm/Company

2659 Lincolnshire Drive

\_\_\_\_\_  
Address

Delaware OH 43015

\_\_\_\_\_  
City/State and Zip Code

brokermikehall@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hall

614

9374162

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
OF**

Key Realty One LLC

(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 03/28/2017 and assigned  
Florida document number L17000070073.

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:**

2803 Fruitville Road

**(Principal office address MUST BE A STREET ADDRESS)**

Sarasota, FL 34237

**Enter new mailing address, if applicable:**

2803 Fruitville Road

**(Mailing address MAY BE A POST OFFICE BOX)**

Sarasota FL 34237

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**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:

*Enter Florida street address*

Florida

*City*

*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**  
**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u>                               | <u>Type of Action</u>                      |
|--------------|-------------|--|--|
| MGR          | Will Disher | 2659 Lincolnshire Drive<br>Delaware OH 43015 | <input checked="" type="checkbox"/> Add    |
|              |             |  | <input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Change            |
| MGR          | Beth Bick   |  | <input type="checkbox"/> Add               |
|              |             | 252 Fairway Isles Lane<br>Bradenton FL 43212 | <input checked="" type="checkbox"/> Remove |
|              |             |  | <input type="checkbox"/> Change            |
|              |             |  | <input type="checkbox"/> Add               |
|              |             |  | <input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Change            |
|              |             |  | <input type="checkbox"/> Add               |
|              |             |  | <input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Change            |
|              |             |  | <input type="checkbox"/> Add               |
|              |             |  | <input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Change            |
|              |             |  | <input type="checkbox"/> Add               |
|              |             |  | <input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Change            |

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SECRETARY OF DEFENSE  
DIVISION OF CORRUPTION

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/27

2018

*Handwritten signature*

Signature of a member or authorized representative of a member

Michael Hall

Typed or printed name of signee