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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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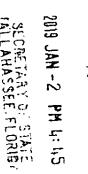
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## **COVER LETTER**

| Division of Co             |   | *   |   | 2           |
|----------------------------|---|---|---|-------------|
| Key Realty                 | One, LLC  |   | É                                       |             |
| SUBJECT:                   | Name of Lim                                     | ited Liability Company  |   | STATE SILVE |
| The enclosed Articles of   | Amendment and fee(s) are sub                    | omitted for filing.   |   | 17.00 m     |
| Please return all correspo | ondence concerning this matter                  | to the following:   |   | A SOL       |
|                            | Michael Hall                                    |   |   |             |
|                            |   | Name of Person  |   |             |
|                            | Key Realty One, LLC                             |   |   |             |
|                            |   | Firm/Company  |   |             |
|                            | 2659 Lincolnshire Drive                         |   |   |             |
|                            |   | Address   |   |             |
|                            | Delaware OH 43015                               |   |   |             |
|                            | brokermikehall@gmail.con                        | City/State and Zip Code   | , · · · · · · · · · · · · · · · · · · · |             |
|                            | E-mail address: (                               | to be used for future annual repor  | t notification)                         |             |
| For further information of | concerning this matter, please co               | all:  |   |             |
| Mike Hall                  |   | 614 937416<br>at ( )  | 2                                       |             |
| Name o                     | f Person  |   | aytime Telephone Number                 |             |
| Enclosed is a check for t  | he following amount:                            |   |   |             |
| \$25.00 Filing Fee         | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | Certified C                             | of Status & |
|                            |   |   |   |             |

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 ARTICLES OF ORGANIZATION **OF**

| ARTICLES OF ORGANIZATION  |  |  |  |  |  |  |
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| PRGANIZATION  F  Ny as it now appears on our records.) Liability Company)  were filed on March 28, 2017  and Residence of the contract of the |  |  |  |  |  |  |
| ny as it now appears on our records.)   |  |  |  |  |  |  |
| Liability Company)  |  |  |  |  |  |  |
| were filed on March 28, 2017 and Resilence  |  |  |  |  |  |  |
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| ility company here:   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ity Company," the designation "LLC" or the abbreviation "L.L.C."  |  |  |  |  |  |  |
| 2803 Fruitville Road Ste 139  |  |  |  |  |  |  |
| Sarasota FL 34237   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 2659 Lincolnshire Drive   |  |  |  |  |  |  |
| Delaware OH 43015   |  |  |  |  |  |  |
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| fice address on our records, enter the name_of the new  |  |  |  |  |  |  |
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| Enter Florida street address  |  |  |  |  |  |  |
| , Florida   |  |  |  |  |  |  |
| City Zip Code   |  |  |  |  |  |  |
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## 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>Name</u>   | Address                                      | Type of Action   |
|---------------|--|--|
| Rob Rovnak    | 2803 Fruitville Rd<br>Sarasota FL 34237      | Add  |
|               |  | ☐ Remove   |
|               |  | ☐ Change   |
| Dennis Degnan | 252 Fairway Isles Lane<br>Bradenton FL 43212 | □ Add  |
|               |  | ■ Remove   |
|               |  | Change   |
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|               | Rob Rovnak                                   | Dennis Degnan  252 Fairway Isles Lane Bradenton FL 43212 |

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|   | 12/19/18   |                |
| an effective date is listed, the date ote: If the date inserted in th | the date of filing:  |                |
| e record specifies a dela<br>The 90th day after the                   | yed effective date, but not an effective time, at 12:01 a.m. on record is filed. | the earlier of |
| 12/19<br>ated   | 2018   |                |
|   | and and  |                |
|   |  |                |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00