

L19000051613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

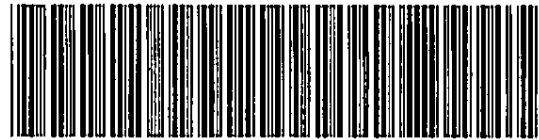
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/21--01025--010 **30.00

21 DEC -6 PM 3:10

T. MATTHEWS

DEC 17 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Key to Florida Realty, 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:

Richard Russell

Name of Person

Firm/Company

8798 SW Montova Way

Address

Port St Lucie, FL 34987

City/State and Zip Code

operations@keyrealtyagent.com

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

For further information concerning this matter, please call:

Richard Russell

330
at ()
Area Code

2816582

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph Albring	6546 Weatherfield Ct #C3	<input checked="" type="checkbox"/> Add
		Maumee, OH 43537	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Debbie Rajner	6546 Weatherfield Ct #C3	<input checked="" type="checkbox"/> Add
		Maumee, OH 43537	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard Russell	8798 SW Montova Way	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nancy Condon	6546 Weatherfield Ct #C3	<input checked="" type="checkbox"/> Add
		Maumee, OH 43537	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Rhonda Wyatt	6316 Presidential Court C113	<input type="checkbox"/> Add
		Fort Myers, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

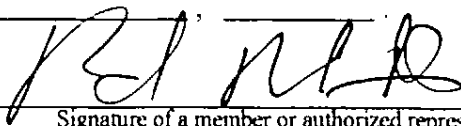
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 November 29

2021



Signature of a member or authorized representative of a member

Richard Russell

Typed or printed name of signee