LZO 000041245

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(Document Number)
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TO: Registration Section Division of Corporations

KEYES JUPITER HILLS VILLAGE REAL ESTATE, LLC SUBJECT:

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:

Bruce D. Friedlander

Name of Person

Friedlander & Kamelhair, PL

Firm/Company

17900 NW 5th Street Ste 106

Address

Pembroke Pines Fl 33029-2809

City/State and Zip Code

bdf@friedlanderkamelhair.com

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

For further information concerning this matter, please call:

Bruce D. Friedlander

Name of Person

at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEYES JUPITER HILLS VILLAGE REAL ESTATE.	, LLC	2020 HAR
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	y as it now appears on our records.)	T
The Articles of Organization for this Limited Liability Company Florida document number <u>120000040245</u> . This amendment is submitted to amend the following:		A CONTRACT AND A SSIGNED
A. If amending name, enter the new name of the limited liabi	lity company here:	
JUPITER HILLS VILLAGE REALTY, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	·····	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cirv

, Florida ___

Zip Code

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>	Name	<u>Address</u>	Type of Action
			[_]Add
			🗆 Remove
			□Add
			UAdd
			🗆 Remove
			Change
			🗆 Add
			□(`hange
			b∧dd
			🗆 Change
			🛛 Add
			Change

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

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tive date, if other than	the date of filing: F	ebruary 18, 2020		(optional)	

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.

February 18, 2020 Dated
illicha llope
Signature of a member or authorized representative of a member
MICHAEL I. PAPPAS
Typed or printed nume of signal

Typed or printed name of signee