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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CUDIECE.	STRIAL WAY, LLC		
30BJLC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RANA M. GORZECK, ES	SQ.	
		Name of Person	
	WEISS SEROTA HELFM	IAN COLE & BIERMAN, P.L.	
		Firm/Company	
	2255 GLADES RD., STE	200E	
	··	Address	
	BOCA RATON, FL 3343	I	
	<u> </u>	City/State and Zip Code	······································
	RGORZECK@WSH-LAW		
		to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
RANA M. GORZECK, I	ESQ.	561 835-2111	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3665 INDUSTRIAL WAY, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	is.)
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
lorida document number L20000173835		_
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
KEYS FAMILY HOLDINGS LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility 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)		
		20 The
		78 77
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		30
		P III
		2
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter	the name of the new register
was of the new registered white address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
_		orida
	City	7'. (7.)

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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			__Add
			Change
			□Add
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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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 rd is filed.		
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Paralda O. Chayes Manager		Signature of a member or authorized representative of a member
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Filing Fee: \$25.00