M21 0000 11268

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
	isiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	Office Use Only	

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FILED 2022 JUN 27 PH 12: 46

COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: Keller Williams, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

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The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacey Onnen

Name of Person

Keller Williams, LLC

Firm/Company

1221 S. Mopac Expwy., Ste. 400

Address

Austin, TX 78746

City/State and Zip Code

rebecca.baker@kw.com

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

For further information concerning this matter, please call:

fina	Berger	at () 402-3280
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
	,	Tallahassee, FL 32303

Enclosed is a check for the following amount:				
□\$25 Filing Fee	🗐 \$30 Filing Fee &	🗆 \$55 Filing Fee &	🗅 \$60 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status &	
			Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appe	ears on the records of the Florida Department of
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State: Keller Williams, LLC		

Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			1022 JUN 27
Enter new mailing address, if applicable:			27 PH 12: 46
2. The Florida document number of this limited liabi	ility company is: <u>M2100001</u>	1268	•
3. Jurisdiction of its organization:			
4. Date authorized to do business in Florida: August	1 25, 2021		
SECTION II (5-9 complete only the applicable ch			
5. New name of the limited liability company:(must c	contain "Limited Liability C	ompany, " "L.L.C.," or "LLC."	")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C."	ging members adopting the		
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our recor ress here:	ds, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da Street Address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent	istered Agent: and agree to act in this cape	acity. I further agree to comply	with

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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 If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Removal of Matt Green as manager, Addition of Stacey Onnen and Jeffrey Jones as managers.

Title/ Capacity	Name	Address	Type of Action
Manager	Matt Green	1221 S. Mopac Expwy., Stc. 400	🛛 Add
		Austin, TX 78746	Remove
Manager	Stacey Onnen	1221 S. Mopac Expwy., Ste. 400	≌∧dd
		Austin, TX 78746	Remove
Manager	Jeffrey Jones	6900 Turkey Lake Road, Suite 1-3	🖬 Add
		Orlando, FL 32819	🗆 Remove
	certificate, if required: no more the		

512.10 Signature of the authorized representative Stacey Onnen, Manager

Typed or printed name of signee

Filing Fee: \$25.00