## 108000099097

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SECRETARY OF STATE
IALLAHASSEE, FLORINA

D. BRUCE

NOV 1 2 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Sec Division of Corp						
SUBJE	ECT: ABCKE	YWESTRENTALS	LLC				
		(Name of Lim	ited Liability Company)				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		LARRY T. WARD CPA					
			(Name of Person)		-		
		WARD AND MEYERS L	LC ,		_		
			(Firm/Company)		-		
	,	3201 FLAGLER, SUITE	506		.¥Z ≅SE	80	
			(Address)		LAH PAH PAH	MON	
		KEY WEST, FL 33040			TAR) ASSI	V 10	
			(City/State and Zip Code)		E G	O PH	ED.
For fur	ther information co	oncerning this matter, please c	all:		STATE	# 2: 18	
LARR	Y T. WARD		at ( 305 ) 293-0265			ω	
	(Name o	f Person)	(Area Code & Daytime Te	elephone Numb	er)		
Enclos	ed is a check for th	e following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta		losed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABCKEYWESTRENTALS LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 10/21/2008	and assigned			
Florida document number L08000099097					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:				
		(d 1 C))			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation	TACE <b>8</b>			
Enter new principal offices address, if applicable:	ABCKEYWESTRENTALS LLC	A CR			
(Principal office address MUST BE A STREET ADDRESS)	1910 N. ROOSEVELT BLVD	TAA T			
	KEY WEST, FL 33040	<u> </u>			
Enter new mailing address, if applicable:		PN 2: PF STA F LORR			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the ne			
Name of New Registered Agent:					
New Registered Office Address:	(Enter Florida street	address)			
	. ,				
	, Florida (City)	(Zip Code)			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manag MGRM = Man	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·		Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
		<u> </u>	Dames.
			Add Remove
D. If amending	g any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	ry.)
	,		FILED  08 NOV 10 PH 2  SECRETARY OF STA
Dated 10/28/200	08	·	D 2 18
_	DENNIS P. SAVIANO	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00