

(Requestor's	Name)	
(Address)		
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(City/State/Zi	p/Phone #)	
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(Document Number)		
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B. BOSTICK

FEB 2 5 2014

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Keys	Maritime Cha	rters LLC			
SUBJECT:		nited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Deana L. Sr	mart			
		Name of Person			
	Keys Maritin	ne Charters LLC	;		
		Firm/Company			
	1490 Ocean	ıview Ave.	,		
		Address			
	Marathon, F	L. 33050		No e	
		City/State and Zip Code		2014	cr.
	keysmaritime@ya			Time to	,. ~
For further information co	ncerning this matter, please ca	to be used for future annual report notif all:	ication)	24 T	12 12 13
Deana L. Sr	mart	_{at (} 305 ₎ 393-4	245		1,
Name of	Person	Area Code Daytimo	Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records	<u>)</u>
y were filed on 05/01/09	and assigned
bility company here:	
LLC	
bility Company," the designation "LLC	
	2
	eretes
	700 100
P.O. Box 501813	
Marathon, FL.	
33050	7,5
office address on our records, re: Enter Florida street address	
Flo	rida
City	Zip Code
	P.O. Box 501813 Marathon, FL. 33050 Enter Florida street address , Flo

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers of Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>11016</u>	<u>Name</u>	Autress	Type of Action
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. If amending any other information, enter change(s) here: (Attach additional s.	neets, y necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) e than 90 days after
Pated February 20 , 2014	
Deans L. Smart	
Signature of a member or authorized representative of a m Deana L. Smart	ember
Typed or printed name of signee	
	200
	70 187 22

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Filing Fee: \$25.00