L140005343

| (Requ | uestor's Name) | |
|----------------------------|----------------|-------------|
| (Addı | ess) | |
| (Addr | ress) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doce | ument Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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MAY 1 9 2014 S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cowboys of Key West LLC

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:

Terri Metter

Name of Person

Zuelch & Zuelch Accounting

Firm/Company

2951 Overseas Highway

Address

Marathon FL 33050

City/State and Zip Code

terri@zuelchaccounting.com

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

For further information concerning this matter, please call:

Terri Metter

₃₁,305,743-4703

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

| Cowboys of Key West LLC | | |
|--|--|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L14000053443 | were filed on 04/01/2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| he new name must be distinguishable and end with the words "Limited Liab | bility Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 610 1/2 Duval Street | <u></u> |
| Principal office address MUST BE A STREET ADDRESS) | Key West FL 33040 | 28 - |
| | | |
| | | 第5万二 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| 3. If amending the registered agent and/or registered o | office address on our records e | enter the name of the |
| egistered agent and/or the new registered office address her | | ner the name of the |
| | | |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| | Futor Florida street address | |
| Name of New Registered Agent: | Enter Florida street address | |

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 or 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>itle</u> | Name | Address | Type of Ac |
|-------------|-------------|-----------------|-------------------|
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| effective date must be specific, cannot be prior to date of receipt or filed date and | (optional) cannot be more than 90 days after |
| effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State) | (optional) cannot be more than 90 days after |
| fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State) ted Signature of a member or authorized representation of the Brobyn, MGR | cannot be more than 90 days after |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY 12 PH W 3F