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Office Use Only



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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: <u>Key Coffee Company Limited Liability Company</u> 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: |
| Yauheni Drazdoy Name of Person |
| |
| Keys Coffee Company |
| Firm/Company |
| 505 Southard 5+ |
| |
| Key West FL 33040 City/State and Zip Code Keyscoffee co@gmail-com |
| City/State and Zip Code |
| keyscoffee co@gmail.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Vayheni Drazdoy at (609) 827 1846 Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee |

MAILING ADDRESS:

TO:

Registration Section

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

Key Coffee Company Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Sep 09 2015 and assigned Florida document number <u>L | 5000</u> IS8 093. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Company LLC
and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| $\mathbf{AMBR} = \mathbf{A}$ | Authorized Member | | |
|------------------------------|-------------------|----------------|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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Filing Fee: \$25.00