

L16000116968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

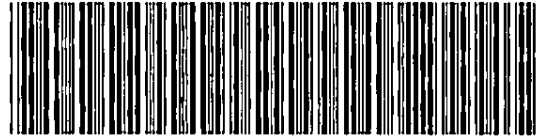
(Business Entity Name)

(Document Number)

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2/3/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SQ1 OF KEY WEST
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:

 BRENDON FETTIS
Name of Person

 SQ1 OF KEY WEST
Firm/Company

 1075 DUVAL ST. STE C12
Address

 KEY WEST, FL 33040
City/State and Zip Code

 info@oceangrillandbar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 BRENDON FETTIS at (305) 414 3875
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SQ1 OF KEY WEST

(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 06/16/2016 and assigned Florida document number L16000116968.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable 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)

1075 DUVAL ST. STE C12
KEY WEST
FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

BRENDON FETTIS

New Registered Office Address:

1075 DUVAL ST. STE C12

Enter Florida street address

KEY WEST, Florida 33040
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 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
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WILLIAM JORDAN</u>	<u>10 10th AVE,</u>	<input type="checkbox"/> Add
		<u>KEY WEST</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33040</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>BRENDON FETTIS</u>	<u>921 WHITE ST APT 5</u>	<input checked="" type="checkbox"/> Add
		<u>KEY WEST</u>	<input type="checkbox"/> Remove
		<u>FL 33040</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>SHUKHIRAT IZAKHIMOV</u>	<u>529 SIMONTON ST</u>	<input checked="" type="checkbox"/> Add
		<u>KEY WEST</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33040</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/18/2020

Signature of a member or authorized representative of a member

BRENDON FETTIS

Typed or printed name of signee