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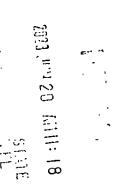
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SUBJECT:		E KEY ESTATES, LLC		
SUBJECT		Name of Lim	ited Liability Company	
	1.4.1.6		to teller	
		Amendment and fee(s) are sub		
Please returi	i all correspo	ndence concerning this matter	to the following:	
		Joshua J. Heller, Esq.		
			Name of Person	_
		Heller Espenkotter PLLC		
			Firm/Company	_
	Address Coconut Grove, FL 33133			
			Address	_
		Coconut Grove, FL 33133		
			City/State and Zip Code	_
		verodelco@yahoo.com		202
		E-mail address: (to be used for future annual report notification)	
For further i	nformation co	oncerning this matter, please co	all:	
Joshua J. He	eller, Esq.		305 9843456 at ()	<u>نجر ب</u>
	Name of	f Person	at ()	147. 1111 18 120 E111 1803
Enclosed is	a check for th	ne following amount:		1.1
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
	iling Addres gistration S		Street Address: Registration Section	
Di	vision of C	orporations	Division of Corporations	
P.C	D. Box 632	1	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BISCAYNE KEY ESTATES, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Cor	npany were filed on June 4, 2018	and assigned
Florida document number L18000136603	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4,
Principal office address MUST BE A STREET ADDRE	<u></u>	
		205
		1.1.1. E.UZ
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. 0
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	-	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Estra Chaide at How	
	Enter Florida street address	
	, Flo	rida
	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>	Address	Type of Action
	Veronica Margarita Del Corral	775 Allendale Road, Key Biscayne, FL 33149	■Add
		 -	□Remove
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Effective date, if other than t If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	block does not meet the app	licable statutory filing requi	(optional) 90 days after filing.) Pursuar rements, this date will not	n to 605.0207 (t be listed as t
e record specifies a delayed effected is filed.	tive date, but not an effective	e time, at 12:01 a.m. on the	earlier of: (b) The 90th d	lay after the
			· .:	1923 JEE
Dated June 12	2023			. 1
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				81:1118
- T	Signature of a member or au	thorized representative of a mo	mber . : ; ; ; -	
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Filing Fee: \$25.00