

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432603053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2019 APR 26 PM 2:26
RECEIVED
CORPORATION DIVISION
FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KEY LARGO VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2019 APR 25 PM 11:20

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KEY LARGO VENTURES, L.L.C

(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 04/11/2019 and assigned Florida document number L19000095766.

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:

8755 SW 129 STREET

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33176

Enter new mailing address, if applicable:

8755 SW 129 STREET

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33176

2018 APR 26 PM 2:27
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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:

Robert Burlington

New Registered Office Address:

2699 SOUTH BAYSHORE DRIVE, Penthouse A

Enter Florida street address

Coconut Grove

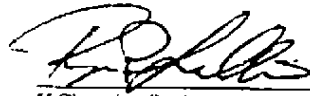
Florida 33133

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.



Ryan Sullivan, Attorney-In-Fact

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>
MGR	VENTORINO, MICHAEL	12465 WORLD CUP LN	<input type="checkbox"/> Add
		WELLINGTON, FL 33414-3502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelly Fullerton	8755 SW 129 STREET	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric Raistrick	8755 SW 129 STREET	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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