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## COVER LETTER

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SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company  If Articles of Amendment and fee(s) are submitted for filing.  If all correspondence concerning this matter to the following:    SEVERINE GIANESE-PITTMAN, ESQ.		
Please return all correspo	Division of Corporations  FLO2 LLC  The Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filling.  etturn all correspondence concerning this matter to the following:  SEVERINE GIANESE-PITTMAN, ESQ.  Name of Person  GIANESE-PITTMAN, P.A.  Final/Company  100 BISCAYNE BLVD, SUITE 3070  Address  MIAMI, FL 33132  City/State and Zip Code  SGIANESE@SGPITTMAN esq.  E-mail address: (to be used for future annual report notification)  their information concerning this matter, please call:  RINE GIANESE-PITTMAN ESQ  Name of Person  Aca Code  Daytime Telephone Number  di is a check for the following amount:  1.00 Filling Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certificate of year conditional copy is enclosed)		
	SEVERINE GIANESE-P	ITTMAN, ESQ.	
		Name of Person	
	GIANESE-PITTMAN, P.	Α.	
	1	Firm/Company	<del></del>
	100 BISCAYNE BLVD.	SUITE 3070	
		Address	<del></del>
	MIAMI, FL 33132		
	_		tigation)
For further information of			inculton)
SEVERINE GIANESE	-PITTMAN ESQ	305 722-5986	
	· <del></del>	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
		C \$55 00 Filing Fee &	C S60 00 Filing Fee
■ 525.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration		Street Address:	ction
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLO2 LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L04000012815	were filed on 02/17/2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
KEY WEST LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3701 OLSON DR	
(Principal office address MUST BE A STREET ADDRESS)	DAYTONA BEACH, FL 32124	2021
(They wants Noot West Hold The Hold The		<b>3</b> 1.
		2 .
Enter new mailing address, if applicable:	3701 OLSON DR	6
(Mailing address MAY BE A POST OFFICE BOX)	DAYTONA BEACH, FL 32124	
		2: 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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
MGR	OXALYS PARTNERS INC	10796 PINES BLVD	
		SUITE 204	
		PEMBROKE PINES, FL 33025	<b>-</b>
			□ Add
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ffective date, if other tha	n the data of filing: 03/	/24/2020		(optional)	
an effective date is listed, the da	ate must be specific and canno	it be prior to date o	filing or more than	90 days after filing.) I	Pursuant to 605.020
<u>Sote:</u> If the date inserted in to cument's effective date on	the Department of State's	records.	lutory itting requir	ements, this date w	m not be fisted as
	Francisco das chiamanas e C	fective time, at 1	2:01 a.m. on the e	arlier of: (b) The	90th day after the
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