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G. MCLEOD

JAN **27** 2009

**EXAMINER** 



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## **COVER LETTER**

Division of C	orporations		
SHRIRCT: Kev L	argo Family Holdings	s. LLC	
50B0E011 <u></u>		nited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	Michelie Barron	01	
		(Name of Person)	
	Law Offices of Frye & A	ssociates, PL	
		(Pirm/Company)	
	, i		
	20900 West Dixie Highw	/ay	
		(Address)	
	Aventura, FL 33180		
		(City/State and Zip Code)	<u></u>
For further information	concerning this matter, please o	eall:	
Michelle Barron		at ( 305 ) 931-3200	
(Name	of Person)	(Area Code & Daytime	elephone Number)
Enclosed is a check for t	he following amount:		
<b>2</b> \$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)

Registration Section

TO:

MAILING ADDRESS: 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 Largo Family Holdings, LLC			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our re ed Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Comp	any were filed on October 7, 200	and assigned	
Florida document number L04000072881			
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 end with the words "I" L.L.C."	Limited Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	SEC	
	·	<b>6</b> 75	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		မ္မာ့ ႏွင့္	
		<b>5</b>	
		The Grant Company of State Company of St	
B. If amending the registered agent and/or registered		s, enter the name of the new	
registered agent and/or the new registered office address l	<u>nere</u> :	•	
Name of New Registered Agent:			
New Registered Office Address:		·	
	(Enter Florida street address)		
		lorida	
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Ramos Investments, LLC	6100 SW 97 Ave Miaml, FL 33173	
MGRM_	Victoria Ramos	6364 Lake Smith Circle Windermere, FL 34789	Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if n	ecessary.)
		,	
Dated Janua	X Chiana	Paule	
		ber of authorized representative of a member	<del></del>
	Maria Ramos, MGRM	M. Ramos Investments, LLC	

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Filing Fee: \$25.00