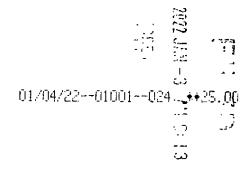
# L06000011172

Office Use Only



600377526436



ALLAHASSEE, FI

RECEIVED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

913 Duval Street LLC		
	<del></del>	<del></del>
		Art of Inc. File
	-	LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature	· · · · · · · · · · · · · · · · · · ·	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Ni	Tr:	UCC 1! Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pic	k Up	Courier

#### **COVER LETTER**

ection rporations		
Street, LLC		
Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ondence concerning this matter	to the following:	
Gregory S. Oropeza, Esq.		
	Name of Person	
Oropeza, Stones & Carden	as, PLLC	
<del> </del>	Firm/Company	
221 Simonton Street		
	Address	<del></del>
Key West, FL 33040		
	City/State and Zip Code	
- · · · · · · · · · · · · · · · · · · ·	Name of Person  & Cardenas, PLLC  Firm/Company  reet  Address  040  City/State and Zip Code  ospitalityinns.com  address: (to be used for future annual report notification)  please call:  at (	
		ication)
f Person		: Telephone Number
- 6 W		
-		
□ \$30.00 Filing Fee & Certificate of Status		
<u>s:</u>	Street Address:	
	Street, LLC  Name of Lin  Amendment and fee(s) are sub ondence concerning this matter  Gregory S. Oropeza, Esq.  Oropeza, Stones & Carder  221 Simonton Street  Key West, FL 33040  Missy@keywesthospitalityi E-mail address: ( oncerning this matter, please c  f Person  of Person  S30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Ordence concerning this matter to the following:  Gregory S. Oropeza, Esq.  Name of Person  Oropeza, Stones & Cardenas, PLLC  Firm/Company  221 Simonton Street  Address  Key West, FL 33040  City/State and Zip Code  Missy@keywesthospitalityinns.com  E-mail address: (to be used for future annual report notification oncerning this matter, please call:  Terson  at (

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears of Liability Company)	on our records.)	· <del></del>	
The Articles of Organization for this Limited L	iability Company	y were filed on Janu	ary 31, 2006	and a	ssigned
Florida document number L06000011172				ա	
This amendment is submitted to amend the foll					
A. If amending name, enter the new name o	f the limited lial	oility company here	·:		
N/A			•		
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the desi	gnation "LLC" or the abbi	eviation "	L.L.C."
		N/A	- 17 17		73
Enter new principal offices address, if applic		14/74	!		
(Principal office address MUST BE A STREE	TADDRESS)		<del></del> -	<u>ట</u>	
					- i
				رئ 	أرأ
Enter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE	BOX)		; ·	<del>()</del>	
	<u></u>	<del> </del>		<del></del>	
<ol> <li>If amending the registered agent and/or regent and/or the new registered office address</li> </ol>	egistered office : s here:	address on our reco	ords, enter the name	of the ne	w regi
Name of New Registered Agent:	Melissa Martin	ez			
New Registered Office Address:	913 Duva	· · · · · · · · · · · · · · · · · · ·			
		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>	Type of Action
AMBR	Donald E. Whitehead	913 Duval Street	
		Key West, FL 33040	=Remove
			☐ Change
AMBR	Robert Hansen	913 Duval Street	□Add
		Key West, Fl. 33040	Ekomove (2)
			- Change ]
MGR	Elma Ventures Management, LLC	913 Duval Street	يٰ Add بيا
		Key West, FL 33040	© Remove
			ω ⊡Change
<del></del>			□Add
			□Remove
			Change
<del></del>	•		□Add
			□Remove
			□Change
<del></del>			🗆 Add
			□Remove

			<del></del>
			<del>2</del> 2
		<del>!</del> :	1
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	-
		···	.Ω 
			ω ——
		. <u>.</u>	
ective date, if other than the	he date of filing:	(optional)	
n effective date is listed, the date n	uist be specific and cannot be prior to date	of filing or more than 90 days after filing.) Pursua tatutory filing requirements, this date will no	int to 605.02
cument's effective date on the	Department of State's records.	merory thing requirements, this date will no	a oc macc
s filed.	ave date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th	day after th
December 29	2021		
led			
(la 111)	6711		

Filing Fee: \$25.00