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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Robbies OF KEY West UC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Person ROBBIES OF KEY WEST UC Firm/Company |
| 1281 SHRMP 21 Address |
| City/State and Zip Code Secky @ robbies. Com E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: REBECCA RITTER at (305) 582-6186 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Solution Signature |
| Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations |

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ROBBIES OF | der West LLC |
|---|---|
| (Name of the Limited Liability Com (A Florida Limite | npany as it now appears on our records.) ed Liability Company) |
| The Articles of Organization for this Limited Liability Compa | ny were filed on and assigned |
| Florida document number <u>LADOOO93340</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lis | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | · |
| | |
| | |
| Enter new mailing address, if applicable: | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | င်းe address on our records, <u>enter the name of the new registere</u> s |
| agent and/or the new registered office address here: | ce address on our records, enter the name of the new registered |
| 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 Agen | • |

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_ | REBECT KITTER | 19522 Orersons Hwy | t Add |
| | | ISLAMORADA, FL 33036 | □Remove |
| | | | □Change |
| MERM | JOHATHAN M. KEKKWETOT | 17522 OVERSEAS HWY | |
| | | IS/AMORADA, FL 33036 | M Remove |
| | | | □Change |
| <u>M6R</u> | TIMOTHY SAAVEDRA | 11522 Dresseas Huy. Islamorasa, FL 33036 | |
| | | ISTAMORADA, FL 33036 | Z Remove |
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| e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after stilled. | | | | | <u> </u> |
| d 8/25/21 Jonatha Parlan | If the date inserted in this block does not meet the | ie applicable sta | of filing or more tha | n 90 days after til | ing.) Pursuant to 605. |
| Jonatha Parlow | pard enacifies a delevad affective data but not an eff | fective time, at | 12:01 a.m. on the | earlier of: (b) | The 90th day after |
| Signature of a member or authorized representative of a member | | | | | |
| | ed 8/25/24 | <u> </u> | | | |

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