Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Ø

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAIN BARREL OF THE KEYS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAIN BARREL OF THE KE		
(Name of the Limited Liability Committee (A Fioride Limited	ny as it now appears on our records.) Linbility Company)	
The Articles of Organization for this Limited Liability Company	were filed on APRIL 5, 2007	and assigned
Florida document number L07000036257		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited hab	ollity company here:	18
		er en
The new name must be distinguishable and contain the words "Limited Liab!	fity 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)		de.
		, G
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	6500 COWPEN ROAD	
	SUITE 301	
	MIAMI LAKES, FL 33014	
B. If amending the registered agent and/or registered or registered office address her	Mee address on our records, <u>ente</u> e:	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	Chy	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

Title	Name	Address	Type of Action
MGRM	SANDE F. KEIL	6500 Cowpen Road, Suite 301	= Add
		Miami Lakes, FL 33014	□ Remove
			☐ Change
			D Add
			Remove
			☐ Change
			D Add
			☐ Remove
			C Change
			Add
			☐ Remove
			[] Change
			□ Add
		□ Remôve	
			☐ Change
			□ Add
	·		□ Remove
			Change

	·	
		·
fective date, if other than the neffective date is listed, the date muster. If the date inserted in this blowment's effective date on the D	e date of filing: st be specific and cannot be prior to date of fillock does not meet the applicable statuto epartment of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 603.6 ry filing requirements, this date will not be listed
record specifies a delayed The 90th day after the rec		ctive time, at 12:01 a.m. on the earlie
ted JUNE 21	2018	·
	Sand & Keel	
	Signature of a member or authorized represe	

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Filing Fee: \$25.00