# L07000105048

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### VILA PADRON & DIAZ, P.A.

## Memo

To: Registration Section (amendment to LLC

From: Marta Salgueiro, Paralegal

CC:

Date: 7/1/2014

Re: 100% KEY BISCAYNE, LLC

Enclosed herein is amendment to LLC, our trust account check \$30.00.. \$25 for Amendment and \$5.00 for Certificate of Status. Also enclosed is a self addressed envelope to return the certificate.

Thanks,

Marta Salguiero

Paralegal

2014、刊1-2 紹育: 24

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHRIECT

100% KEY BISCAYNE, LLC

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:

Fernando M. Socol

Name of Person

Fernando M. Socol, P.A.

Firm/Company

201 S Biscayne Blvd., Ste 905

Address

Miami, FL 33131

City/State and Zip Code

Iroth@negocios-enusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando M. Socol

786- 272-7100

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

□ \$30.00 Filing Fec & 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)

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

100% KEY BISCAYNE, LL					
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our reclability Company)	ords.)	<del></del>	
The Articles of Organization for this Limited Li Florida document number L07000105048  This amendment is submitted to amend the follo	ability Company			and assign	ed <sub>.</sub>
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with the w	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbrev	iation "L.L.C	3.11
Enter new principal offices address, if applicable:		180 CRANDON BOL		511	2
(Principal office address MUST BE A STREET ADDRESS)		SUITE #101-102		F	
		KEY BISCAYNE, FLO	ORIDA 33149		
Enter new mailing address, if applicable:		180 CRANDON BOU	LEVARD	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	-2 - <del>2</del>
(Mailing address MAY BE A POST OFFICE BOX)		SUITE #101-102		7.3	- <u>381</u>
		KEY BISCAYNE, FLO	ORIDA 33149	<u> 2</u> 2.	52
B. If amending the registered agent and/or registered agent and/or the new registered offi			ds, <u>enter the r</u>	name of t	<u>he new</u>
Name of New Registered Agent:	1 emando w.	Sucui, F.A.			<del></del>
New Registered Office Address:	201 S. Biscayne Blvd, Suite 905  Enter Florida street address				
	Miami	, F	lorida 33133		
		City	Zip	Code	
New Registered Agent's Signature, if changing Re-	gistered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this change in the company has been notified in writing of this change.	and complete po cred agent as pro gistered office ac	erformance of my duties, a ovided for in Chapter 605,	nd I am familia F.S. Oz, if this	ir with and document	d

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	NASOLVA, LLC, a Fiorida limited flability Company		<u>≅</u> Add
			□ Remove
MGR	HANS W. STRECKE		
			□ Remove
MGR	100% JHOCK, LLC, a Fiorida limited kebliky company		Remove − 2
MGR	Jose A. Solis Camara,		□ Add 22
			■ Remove
<del></del>			□ Add
		<del></del>	Remove
			□ Remove

D. If amending any other information, enter change(	s) here: (Attach ad	lditional sheets, if necessary.)
	<del></del>	
	······	
·	,	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of rece	int or filed date and can	(optional)
the date this document is filed by the Florida Department of State	s)	not be more than 70 days arter
Dated June <u>44</u> , 2014		
( Oll Jali	ulaux	
Signature of a member of	or authorized representa	tive of a member
Jose A. Solis Camara		
1 yped or	r printed name of signe	5

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Filing Fee: \$25.00