

LD8000082933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 AUG 19 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan AUG 19 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA KEY ESCAPE, 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:

BARRY L. SIMONS

Name of Person

LAW OFFICE OF BARRY L. SIMONS, P.A.

Firm/Company

9100 S. DADELAND BLVD. SUITE 400

Address

MIAMI, FL 33156

City/State and Zip Code

BARRY@BARRYSIMONS.COM

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

For further information concerning this matter, please call:

BARRY SIMONS

Name of Person

at (305) 470-7020

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2014

LAW OFFICE OF BARRY L. SIMONS, P.A. 2ND ML  
9100 S DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156

SUBJECT: FLORIDA KEY ESCAPE, LLC  
Ref. Number: L08000082933

We have received your document for FLORIDA KEY ESCAPE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 914A00015789

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2014 AUG 19 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA KEY ESCAPE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/29/2008 and assigned  
Florida document number LO8000082933

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 "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HERBERT COLON	15839 SW 72 <sup>ND</sup>	<input type="checkbox"/> Add
		TERRACE	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33193	
MGRM	ERIBERTO COLON	15839 SW 72 <sup>ND</sup>	<input checked="" type="checkbox"/> Add
		TERRACE	<input type="checkbox"/> Remove
		MIAMI, FL 33193	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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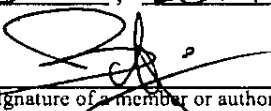
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 13, 2014.

 Authorized representative  
Signature of a member or authorized representative of a member

BARRY L. SIMONS  
Typed or printed name of signee

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Filing Fee: \$25.00

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2014 AUG 19 AM 10:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA