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SECRETARY OF STATE

J. BRYAN
NOV 1 8 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KEY LARGO VACA HONS LLC Name of Limited Liability Company	28 T
The enclosed Articles of Amendment and fee(s) are submitted for filing.	野ニー
Please return all correspondence concerning this matter to the following:	RY OF FLOR
Scott JoHNSON Name of Person	LORIDA
Scott Johnson Name of Person Key Largo Vacations L.Ce Firm/Company	-
P.O. Box 373125	-
Key LARGO FL 33037 City/State and Zip Code Key(ArgoVACATions & YAhao. Co E-mail address: (to be used for future annual report Monification)	- DAI
For further information concerning this matter, please call:	
Scott JOHNSON at 305, 735-3244	
Name of Person Area Code & Daytime Telephone Number	er en
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	ate of Status &

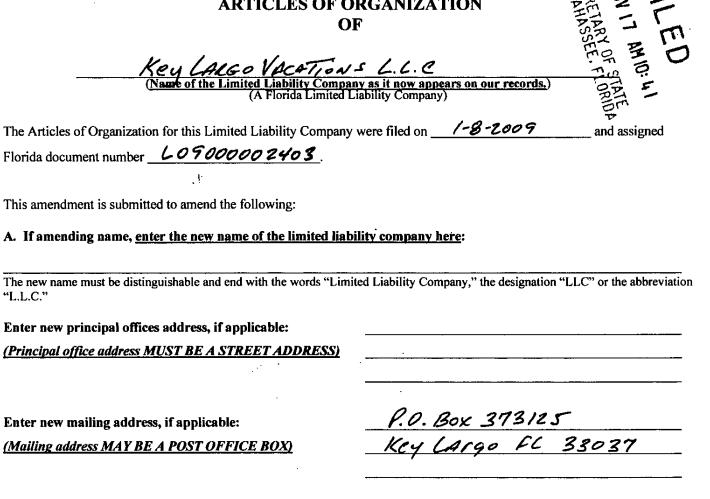
MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION



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:

Enter new mailing address, if applicable:

"L.L.C."

New Registered Office Address:

SCOTT JOHNSON

93997 OVERSEAS HWG

Enter Florida street address

Key Canso, Florida 33037

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I beneby 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Address Name MGR Scott JoHNSON 7.0. Box 373125 Key LAGO Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11/15/09 Dated Signature of a member or authorized representative of a member Scott JoHNSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00