

L09000068860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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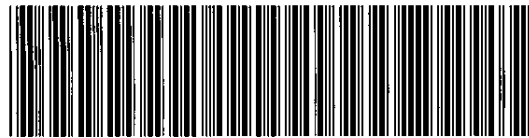
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 11 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Lime Outfitters, 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:

Russell Allen

Name of Person

Key Lime Outfitters, LLC

Firm/Company

1324 N. Liberty Lake Rd, #205

Address

Liberty Lake, WA 99019

City/State and Zip Code

marleneallen@hotmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marlene Allen

Name of Person

at (509)

720-4868

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Key Lime Outfitters, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on July 7, 2009 and assigned
Florida document number L090000068860

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(same)

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:

1200 Fourth Street, #104

(Principal office address MUST BE A STREET ADDRESS)

Key West, FL 33040

Enter new mailing address, if applicable:

1324 N. Liberty Lake Road, #205

(Mailing address MAY BE A POST OFFICE BOX)

Liberty Lake, WA 99019

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:

Russell Allen

New Registered Office Address:

1200 Fourth Street, #104

Enter Florida street address

Key West

, Florida

33040

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 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

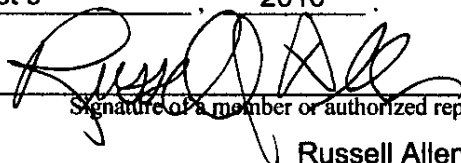
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Russell Allen	1107 Key Plaza, #282 Key West, FL 33040	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr.	Russell Allen	1200 Fourth Street, #104 Key West, FL 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgr.	Marlene Allen	1324 N. Liberty Lake Rd, #205 Liberty Lake, WA 99019	<input type="checkbox"/> Add <input checked="" 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.)*

Changes that were made: Addresses and Removed Marlene Allen, mgr.

Dated August 9, 2010



Signature of a member or authorized representative of a member

Russell Allen

Typed or printed name of signee

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