# L0900075082

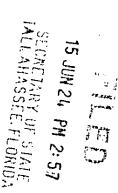
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



200274272422

06/24/15--01007--005 \*\*25.00



JUN 2 5 2015 J SHIVERS

#### **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations	, <del>(i</del>	•		
SUBJE	PILOT HOU	JSE VACATIONS,LLC				
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		CAROLINE COTTON, PI	RESIDENT			
			Name of Person	<del></del>		
	PILOT HOUSE VACATIONS, LLC					
Firm/Company						
		414 SIMONTON STREET	Γ			
			Address			
		KEY WEST, FL 33040				
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
			•	cation		
For fur	ther information co	oncerning this matter, please c	all:			
CARO	LINE COTTON, 1	PRESIDENT	305 414-8565 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$2.	5.00 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

PILOT HOUSE VACATIONS, LLC						
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records Liability Company)	<u>r)</u>			
The Articles of Organization for this Limited Liab Florida document number L09000075082	oility Company	were filed on AUG.05, 2009	and assigned			
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company here:				
KEYS WORLD TRAVEL, LLC,						
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicat	ole:	2601 S ROOSEVELT				
(Principal office address MUST BE A STREET		KEY WEST, FL				
12 - Hichard Office with els 11 coll 22 11 2 11 22 11		33045-2850				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 2850 KEY WEST, FL				
177100000 unus Cap 177111 DD 1-1-1 OD 1 O 1-1 1 OD 2	<u> </u>	33045-2850				
B. If amending the registered agent and/or registered agent and/or the new registered offine the new registered of the New Registered Agent:	_		JUN 24 P			
New Registered Office Address:		2601 S ROOSEVELT	F 5 7 7			
*		Enter Florida street addres	<u> </u>			
	KEY WEST		orida 33045			
		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		□ Remove	
		Change	
	***	□ Add	
		Remove	
			Change
		Add	
			☐ Remove
			Change
		Add	
	<del>.</del>	☐ Remove	
			☐ Change
		Remov	Remove
			☐ Change
			Remove
		☐ Change	

f amending any other information, enter change(s) h	ere: (Attach	additional she	ets, if neces	ssary.)		
	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·		<u> </u>			<del></del>
				*-		<del></del>
			<del></del>			
		·	<del></del>	· <del>-</del>		<del></del>
		·				<del></del>
	· · · · · · · · · · · · · · · · · · ·	·				<u>_</u>
				4.75		. <u>.</u>
			<u>,</u>		55	
		<del></del>	<del></del>		=	
				S	₹   \	, 3 , 3 , 10 , 10 , 10
		·	· <u></u>	- 55.2×		71244
				<u> </u>	PH	- <del>1</del>
				10.7	Ÿ	
		<del> </del>	·		O)	
MAY 01	1 2015			₹ 	•	
Hective date, if other than the date of filing:			(optio	nal)		40. <b>4.04.05</b>
fan effective date is listed, the date must be specific and cannot be p Note: If the date inserted in this block does not meet the app	plicable statute	ling or more than sory filing require	onents, this	date will	not be	listed as
document's effective date on the Department of State's reco	IUS.					
e record specifies a delayed effective date, but The 90th day after the record is filed.	not an effe	ective time, a	t 12:01 a	.m. on	the ea	arlier o
MAY 01 2015						
Dated MAY 01 , 2015	141		,	,		
Dated MAY 01 2015  Working Signature of a member or a	the	- Pres	iden	<i>t</i>		_

Page 3 of 3

CAROLINE COTTON, PRESIDENT

Filing Fee: \$25.00

Typed or printed name of signee