LOA000777292

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Filone: 650-556-1500	
ACCOUNT NO.	: I2000000195
REFERENCE	: 667570 7720748
AUTHORIZATION	: Smelle ble man
COST LIMIT	: \$25/00
ORDER DATE : June 12, 2015	
ORDER TIME : 9:48 AM	
ORDER NO. : 667570-010	
CUSTOMER NO: 7720748	
DOMESTIC AM	ENDMENT FILING
NAME: KEYWESTINLAUDE	RDALE, LLC.
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO	RPORATION
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	NDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

	egistration Sec ivision of Corp					
CUBICA	Keywestir	nlauderdale, LLC.				
SUBJECT: Name of Limited Liability Company						
The enclos	ed Articles of A	Amendment and fee(s) are submitted for filing.				
Please retu	rn all correspor	ndence concerning this matter to the following:				
		Kevin McMahon				
		Name of Person				
		Keywestinlauderdale, LLC				
		Firm/Company				
		199 Talbott Street				
		Address				
		Rockville, MD 20852				
		City/State and Zip Code				
		keywestinlauderdale@yahoo.com				
		E-mail address: (to be used for future annual report notification)				
For further	information co	oncerning this matter, please call:				
Kevin M	lcMahon	240 401-4109 at ()				
	Name of	Person Area Code Daytime Telephone Number				
Enclosed is	s a check for the	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Keywestinlauderdale, LLC.	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000077292</u> .	were filed on August 11, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2030 Northeast 30th St, Fort Lauderdale, FL 33306
Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	2030 Northeast 30th St, Fort Lauderdale, FL 33306
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	
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:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			
			□ Add
			☐ Remove
			- 11- 10 10 -11-8
			□ Add
			☐ Remove
			
			□ Add
			□ Remove
		. u=	
	4	41.4 1.5 1.	Add
		<u> </u>	☐ Remove
			Add
			□ Remove

D. If amendi	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
				
- 				
(The effective	date, if other than the date of filing:			
Dated 6/1	2/2015			
	/S/ Kevin D. McMahon Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member			
	Kevin D. Mcmahon			
	Typed or printed name of signee			

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Filing Fee: \$25.00