

LO9000095147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800190748738

01/12/11--01012--019 **25.00

FILED

11 JAN 12 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 13 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keys Divers 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:

Brett Roach

Name of Person

Keys Divers LLC

Firm/Company

PO Box 1306

Address

Tavernier, Florida 33070

City/State and Zip Code

brett@keyslyf.com

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

For further information concerning this matter, please call:

Brett Roach

Name of Person

at (305)

240-0304

Area Code & Daytime Telephone Number

FILED
11 JAN 12 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

Keys Divers 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 10/02/2009 and assigned
Florida document number L09000095147.

This amendment is submitted to amend the following:

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

Bottoms and Props LLC.

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)

566 Lagoon Lane

Key Largo, FL, 33037

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1306

Tavernier, Florida 33070

FILED
11 JAN 12 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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>
MGRM	Andres Gill	154 STERLING ROAD TAVERNIER, FL 33070	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Zach Owens	566 Lagoon Lane Key Largo, FL 33037	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

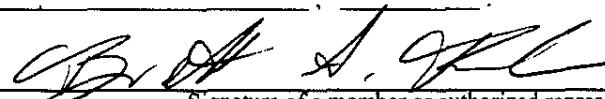
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 12 PM 3:49

FILED

Dated _____


Signature of a member or authorized representative of a member
Brett A. Roach
Typed or printed name of signee