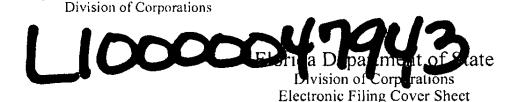
Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000198236 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.

Account Number : 076150002103 Phone : (305)444-0101

Fax Number : (305)444-0174

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEY LARGO FAMILY INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 2 2 2014

S. YOUNG

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Help

Fax Audit No: H140001982363

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

KEY LARGO FAMILY INVESTM		
(Name of the Limited Liabli) (A Florida	ty Company as it now appears on our re a Limited Liability Company)	cords,)
The Articles of Organization for this Limited Liability C	Company were filed on 05/04/201	0 and assigned
Florida document number L10000047943	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/A		
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the designation	"LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESSY	## \$ 7
•		135 N T
		1.1 - (1.1 (7) - ec (1.1
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		The state of the s
		>,
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or the new registered office additional agent.		ords, enter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street add	lruss
		Florida
New Registered Agent's Signature, if changing Registered	City	Zip Code

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

Page 1 of 3

From:

Fax Audit No: H14000198236 3

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	Name Brandon Biondo	Address 1200 Ponce de Leon B	Type of Action
		Coral Gables, FL 331	
			☐ Remove
			FILED FILED
			□ Remove
			Add
			□ Remove
			☐ Remove

	ending any other information, enter change(s) here: (Attach additional sheets,	Fax Audit No: H14000198236 3 if necessary.)
	·	
_		
_		
	00/04/0044	
(ve date, if other than the date of filing: 08/21/2014 ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 this document is filed by the Florida Department of State)	(optional) O days after
Dated	08/21/2014	
	Lew Bonce	
	Signature of a member or authorized representative of a member Gerald J Biondo, Managing Member	

Page 3 of 3

Filing Fee: S25.00