

## 11000055182

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**EXAMINER** 

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SECRETARY OF STATE ALLAHASSEF, FI ORIDA

## **COVER LETTER**

TO: Registration Division of	n Section Corporations				
SUBJECT:	Ask Me	? Key West LLC			
	Name of Limited Liability Company				
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
		Brian Gorham Name of Person			
		Name of Ferson			
	Ask Me ? Key West LLC				
		Firm/Company			
	30	0 Petronia Street Unit 3			
		Address			
		Key West, FL 33040			
	···	City/State and Zip Code			
	briango	ham@solutionproducer.com			
	E-mail address:	(to be used for future annual report notification)			
For further information	on concerning this matter, please	call:			
	Brian Gorham	at ( 305 ) 647-8796			
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	_	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ask Me?	Key West LLC				
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appe	ars on our records.)			
(	,	,			
The Articles of Organization for this Limited Liability Compa	any were filed on	March 23, 201	<u>1</u> ar	nd assi	gned
Florida document numberL11000035182					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	liability company he	e <u>re</u> :			
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Comp	pany," the designation	"LLC" o	r the ab	breviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	2				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of New Registered Agent:		our records, <u>enter</u>	the na	me of	the new
New Registered Office Address:			AFE AFE	APR	η
	E	nter Florida street ac	Idings S	8	
	City	, Florida	- Zip	<del>Z</del> G <b>eri</b> e	
New Registered Agent's Signature, if changing Registered Age	ent:		TATE ORIO,	): [	

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 arginding 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>	Type of Action
MGR	Debra Barden	300 Petronia Street Unit 3 Key West Florida 33040	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amo	ending any other information, en	ter change(s) here: (Attach additional sheets, if necess	ary.)
-			
-			
Dated	April 14		
	Signature of	a member or authorized representative of a member	
	<del>-</del>	Brian Gorham Typed or printed name of signee	
		Typed of printed hame of signee	

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Filing Fee: \$25.00