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RIZ JUL 16 PMI2: 58 BECRETARY OF STATE MITAHASSEF, FLORIDA

C. LEWIS

JUL 17 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		Marie College Halphare	The second of th
SUBJECT:	ASK ME?	KEY WEST LLC	net .
SUBJECT:		ted Liability Company	
	Amendment and fee(s) are sub	•	
		DEBRA GORHAM Name of Person	
		Name of Person	
ASK ME ? KEY WEST LLC			
		Firm/Company	
	218 FRONT STREET		
		Address	
	К	EY WEST FL 33040	
		City/State and Zip Code	
	debr	ra@askmekeywest.com to be used for future annual report	T notification)
For further information of	concerning this matter, please c		Thombaron,
	oneogoa, p.oo		
	RA GORHAM of Person	at (305)	923-5532 Daytime Telephone Number
Name C	i reison	Alta Colc it i	Saytine receptione realises
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio	ING ADDRESS: ration Section on of Corporations	STREET/Co Registration Division of C Clifton Build	Corporations
	ox 6327 assee, FL 32314		ive Center Circle

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

12 JUL IS PHID

ASK	ME ? KEY WEST LLC	SECRETAGE OF 12: 59	
(Name of the Limited Liab (A Flori	ME? KEY WEST LLC ility Company as it now appears on o da Limited Liability Company)	UT TECOTOS JE AHASSEE, FLORIDA	
The Articles of Organization for this Limited Liabilit		CH 23, 2011 and assigned	
Florida document numberL11000035182	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our re <u>ddress here</u> :	cords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registe	ered 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	I = Managing Member		
Title ·	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
- , -:			Add Remove
			Add Remove
			Add Remove
D. If a		age(s) here: (Attach additional sheets, if necessary.)
	NAME CHANGE:		
	DUE TO MARRIAGE ON MAY 19,	2012	
	SEE ATTACHED MARRIAGE CER	TIFICATE	
	DEBRA BARDEN (LISTED AS REC	GISTERED AGENT AND MGR)	
	TO: DEBRA GORHAM		12
Dated _	Signature of a memb	2012 . Ser or authorized representative of a member DEBRA GORHAM	FILED PJUL 16 PM12: Grefart of ST
		ed or printed name of signee	7: 59
		Page 2 of 2	> 0

Filing Fee: \$25.00