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COVER LETTER

TO:	Registration Sec Division of Corp			
C11D 11		PRISES OF KEY WEST LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		TIMUR RAKHMATOV		
		7	Name of Person	
		TFR & COMPANY, INC		
		·	Firm/Company	
		3406 FLAGLER AVE		
			Address	
		KEY WEST, FL 33040		
			City/State and Zip Code	
		INFO@TFRANDCOMPA		
		E-mail address: (to be used for future annual report noti	itication)
For fu	rther information co	oncerning this matter, please ca	all:	
TIMU	JR RAKHMATOV		850 356-9833	
	Name of	l Person	at ()	ne Telephone Number
Enclo	sed is a check for th	e following amount:		
≅ \$3	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**

TJ ENTERPRISES OF KEY WES				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on or Liability Company)	<u>ır records.</u>)	
The Articles of Organization for this Limited 1	11	and assigned		
Florida document number L11000050502	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		······································	1 ##
(Principal office address MUST BE A STRE			<u> </u>	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
				60 (76)
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address her			the name of the nev
	3406 FLAGLE	•		
New Registered Office Address:	., 100 1 21 1032	Enter Florida str	eet address	
	KEY WEST		Florida <u></u>	3040
		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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	BAKHTIYOR VAKHABOV	423 OLIVIA ST. APT A	
		KEY WEST, FL 33040	■ Remove
			Change
			□ Remove
		<u> </u>	☐ Change
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ective date, if other than the d effective date is listed, the date must b	ate of filing:	or to date of filing or more	optional)	urquant to 605 0207
e: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the appl	icable statutory filing r	equirements, this date wi	Il not be listed as
record specifies a delayed on the fecord specifies and delayed on the fecord fec		ot an effective tin	ne, at 12:01 a.m. or	the earlier of
DECEMBER 4	2017	·		
		1	a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00