

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
2 KEY LIMES LLC

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BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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Corporate Filing Menu

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AUG 28 2014  
J. BRUCE

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 2 Key Limes, 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:

Brent Moody

Name of Person

2 Key Limes, LLC

Firm/Company

250 Parkway Drive, Suite 270

Address

Lincolnshire, IL 60069

City/State and Zip Code

bmoody@campingworld.com

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

For further information concerning this matter, please call:

Brent Moody

Name of Person

at 847 229-6457

Area Code

Daytime Telephone Number

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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2 Key Limes, 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 12/30/2011 and assigned Florida document number L11000145662.

This amendment is submitted to amend the following:

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

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)

250 Parkway Drive, Suite 270

Lincolnshire, IL 60069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

250 Parkway Drive, Suite 270

Lincolnshire, IL 60069

**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:

CT Corporation System

New Registered Office Address:

1200 S Pine Island Road

Enter Florida street address

Plantation

, Florida 33324

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 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.*

*James M. Halpin*  
If Changing Registered Agent, Signature of New Registered Agent

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James M. Halpin  
Assistant Secretary

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James W. Brush	511 Greene St.	<input type="checkbox"/> Add
		Key West, FL 33040	<input checked="" type="checkbox"/> Remove
MGRM	Alison S. Sloat	511 Greene St.	<input type="checkbox"/> Add
		Key West, FL 33040	<input checked="" type="checkbox"/> Remove
MGR	Marcus A. Lemonis	250 Parkway Drive, Suite 270	<input checked="" type="checkbox"/> Add
		Lincolnshire, IL 60069	<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

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CLERK OF DISTRICT COURT

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated August 26, 2014



Signature of a member or authorized representative of a member

Marcus A. Lemonis, MGR

Typed or printed name of signer

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CLERK OF STATE  
TALLAHASSEE, FLORIDA