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B. BOSTICK

FEB 1 5 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
	Florida Keys Transport, LLC.			
SUBJ	Name of Limited Liability Company	•		
The er	closed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Yvonne Gonzalez - Quevedo	_		
	Name of Person .			
	Florida Keys Transport	_		
	Firm/Company	_		
	680 North Lake Drive			
	Address	_		
	Key Largo Florida 33037			
	City/State and Zip Code	- A:	芯	
	info@floridakeystransportllc.com	. <del>'</del>	E	used their
	E-mail address: (to be used for future annual report notification)	SAN. University	ين سيد س	er,er
For fu	ther information concerning this matter, please call:	m.	2571	(4)
	Pablo Gonzalez-Quevedo at ( 305 ) 9427162	<u> </u>	Ail 10: 2	Tibeless:
	Name of Person Area Code & Daytime Telephone Number	er Bri	_	
Enclos	ed is a check for the following amount:			
<b>√</b> \$2:	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cate of Sta ed Copy onal copy	itus &	osed)

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

Florida k	Keys Transport, LLC	re on our records )	
( <u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Liability	Company were filed on	1/6/2012	and assigned
Florida document numberL12000002599	<del></del> .		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the work.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	5	ri N
		2	The same of
		ት ያ ያ	
Enter new mailing address, if applicable:		[ " ]	1
Mailing address MAY BE A POST OFFICE BOX)			the same want
		en per	: 2 <u>?</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter tl</u>	ne name of the new
egistered agent antwor the new registered office ad-	uress here.		
Name of New Registered Agent:			
New Registered Office Address:			
	ress		
		, Florida	
	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pablo Gonzalez-Quevedo	680 North Lake Drive Key Largo FL 33037	Add Remove
MGR_	Ricardo Revuelta	12934 SW 119 Terr Miami, FL 33186	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
		TASSEE	N D D S S S S S S S S S S S S S S S S S
Dated	2/10 , 201	2 CORIDA	AH 10: 22
-	<del>-</del>	r authorized representative of a member	
_		cardo Revuelta r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00