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TALLAHASSEE, FI ORIO,

B. BOSTICK
FEB 1 5 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

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ionua		73 OC	71 I III I	aı,L	LV

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:

		Patricia B Mull			
		Name of Person			
	Flori	da Keys Seminars, LI	LC		
		Firm/Company			
	g	1760 Overseas Hwy			
		Address		_	
		Tavernier, FL 33070		_Es z	
		City/State and Zip Code			
	pm	ull@mullfinancial.com	ı		ri """
	E-mail address: (to be used for future annual repo	ort notification)	- SS:	o :
For further information	concerning this matter, please of	all:			The state of the s
	atricia B Mull	at (305)	852-8025	6	74 m. 21
Name	of Person	Area Code &	Daytime Telephone Num	iber 🗈	
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 er	Certif nclosed) Certif	Filing Fee, icate of Statu fied Copy	

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	Keys Seminar, LLC		<u></u>
(Name of the Limited Liabili (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Florida document numberL12000010995	Company were filed on	1/23/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>·e</u> :	
Florida	Keys Seminars, LLC		
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Compa	nny," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:			12
(Principal office address MUST BE A STREET ADL	ORESS)	SS.	8 7
			Trans Live to
Enter new mailing address, if applicable:) — ; 	To Comment
(Mailing address MAY BE A POST OFFICE BOX)			7 2
B. If amending the registered agent and/or reg		our records, <u>enter t</u> h	e name of the ne
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

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	ny other information, enter	ny other information, enter change(s) here: (Attach additional sheets, if Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00