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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Florida Keys Travel and Tours, 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:

Nancy R. Hershoff

Name of Person

Florida Keys Travel and Tours, LLC

Firm/Company

91760 Overseas Hwy

Address

Tavernier, FL 33070

City/State and Zip Code

nancy@floridakeystravelandtours.com

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

For further information concerning this matter, please call:

Nancy Hershoff

Name of Person

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

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

Florida Keys Travel and Tours, LLC

FILED

2013 DEC 23 PM 2: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(A ri	lorida Limited Liai	oility Company)		
The Articles of Organization for this Limited Liab Florida document number L12000136814	ility Company w	ere filed on October	r 26, 2012	_ and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	<u>he limited liabili</u>	ty company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited	l Liability Company," the	e designation "LL	C" or the abbreviation
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)	· · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	_	e address on our rec	cords, <u>enter the</u>	e name of the nev
Name of New Registered Agent:	Nancy R. H	ershoff		
New Registered Office Address:	91760 Over	seas Highway  Enter Flo	rida street addre	ss
	Tavernier		_, Florida <u>330</u>	70
		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.

egistered Agent, Signature of New Registe

Page 1 of 3

'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	
			Add	
			Remove	
		<u> </u>	Add	
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. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	<u>December 12, 2013</u> .
	& Glaucy Dershiff
	Signature of a member or authorized representative of a member  NANCY HEVShoff
	Typed or printed name of signee

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Filing Fee: \$25.00

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