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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ACCOUNTANT & MANAGEMENT INC  
Account Number : I20110000070  
Phone : (305)541-3980  
Fax Number : (305)541-7033

**\*\*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  
KEY LARGO PROPERTY INVESTMENTS, LLC

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J. Shivers APR 17 2014

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KEY LARGO PROPERTY INVESTMENTS, 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:

**MOSES NAE**

Name of Person

**ACCOUNTANT & MANAGEMENT INC**

Firm/Company

**1549 NE 123RD ST**

Address

**NORTH MIAMI, FL 33161**

City/State and Zip Code

**INFO@TAXLEAF.COM**

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

For further information concerning this matter, please call:

**MOSES NAE**

Name of Person

at **(305) 541-3980**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status

☐ \$55.00 Filing Fee &  
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(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

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

**KEY LARGO PROPERTY INVESTMENTS, 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 07/30/2013 and assigned  
Florida document number L13000107944.

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)

1549 NE 123RD ST

NORTH MIAMI, FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1549 NE 123RD ST

NORTH MIAMI, FL 33161

**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:

ACCOUNTANT & MANAGEMENT INC

New Registered Office Address:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

City

Florida 33161

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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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>
MGR	BARRIOS DESTOUET, RAFAEL	633 NORTH KROME AVE STE 2 HOMESTEAD, FL 33030	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MEDINA SASSINE, MAGGI J	633 NORTH KROME AVE STE 2 HOMESTEAD, FL 33030	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BARRIOS DESTOUET, RAFAEL	1549 NE 123RD ST NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MEDINA SASSINE, MAGGI J	1549 NE 123RD ST NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

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 APRIL 9TH 2014

  
Signature of a member or authorized representative of a member

RAFAEL BARRIOS DESTOUE

Typed or printed name of signer

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