613000/10/55

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	2 #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
WS		

Office Use Only



300348965943

07/29/20--01019--005 **25.00

120 JUL 29 PM 2: 32 断背最高。 1355

FILED 2020 AUG -3 AM 9: 19 SECRETARY SEES PATE

fund

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AQUA KEY WEST, I	LLC			
· · · · · · · · · · · · · · · · · · ·	· 			
	- <u>-</u>			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
		ļ		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
		!		RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u></u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	07/31/20		—	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
11/ 11 T				UCC 11 Retrieval
Walk-In Thomssville GA 8/00	Will Pick Up			Courier

COVER LETTER

TO: Registration Division of C			
Aqua Ke SUBJECT:	y West, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Erica H. Sterling		
		Name of Person	·
	Spottswood, Spottswood,	Spottswood & Sterling, PLLC	
	 	Firm/Company	
	500 Fleming Street		
		Address	
	Key West, FL 33040		
		City/State and Zip Code	
	mbingramarchitect@gmail.		
	E-mail address:	to be used for future annual report no	otification)
For further information	concerning this matter, please o	all:	
Erica H. Sterling		305 294-2450 at ()	
Name	of Person	Area Code Dayti	me 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)
<u>Mailing Addi</u> Registration		Street Address:	action
	Corporations	Registration S Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aqua Key West, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 08/05/2013	and assigned
Florida document number L13000110155		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		2020 Sec
(Principal office address MUST BE A STREET ADDRESS)		- -
		正式
		SX W
Enter new mailing address, if applicable:		SEE T
(Mailing address MAY BE A POST OFFICE BOX)		- 2 2 2 - C
The state of the s		<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1 ₋
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kimball H. Ingram	711 Duval Street	□Add
		Key West, FL 33040	≣Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	DAdd
			□Remove
			
			□Rèmove
			SE SE CHOMANGE COMMANDE COMMAN
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove

			-			_
						
					<u> </u>	
						
 			 -		_ 	
						
 -						~>
					—————————————————————————————————————	2020
			<u> </u>		:- r~	Suv
			· <u> </u>		<u> </u>	, 3
					<u> </u>	
· 			 .			مد عد
					TATE OF THE PERSON OF THE PERS	-
				<u> </u>		مب_
						_
			 .			
Effective date, if other than (he date of filir	ng:		(ont	ionel)	
Effective date, if other than if an effective date is listed, the date Note: If the date inserted in this	must be specific an	nd cannot be prior	to date of filing or	nore than 90 days after	r filing.) Pursuant to	605.020
document's effective date on the	Department of	State's records.	mic standing in	ng requirements, ur	is date will not be	ILEKCU BS
e record specifies a delayed efferd is filed.	tive date, but no	ot an effective ti	me, at 12:01 a.m	on the earlier of: (b) The 90th day a	after the
		2020				
hilo A		2020				
Dated July 27		- ' ———	- '			

Filing Fee: \$25.00

Typed or printed name of signee