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| (Re | questor's Name) | |
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| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Amend CC

JUN 1 3 2019

COVER LETTER

| | Registration Sec Division of Corp | | | |
|------------|--------------------------------------|--|---|---|
| CHDIEC | Conch Lime | , LLC. | | |
| SUBJEC | l: <u></u> | Name of Limi | ited Liability Company | |
| The enclo | sed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please ret | urn all correspoi | ndence concerning this matter | to the following: | |
| | | Kevin F. Corasio | | |
| | | Conch Limo, LLC. | Name of Person | |
| | | 29 Cactus Drive | Firm/Company | |
| | | Key West, FL. 33040 | Address | |
| | | aaalimogr@gmail.com | City/State and Zip Code | |
| | | E-mail address: (t | to be used for future annual report notif | ication) |
| For furthe | r information co | oncerning this matter, please ca | all: | |
| David J. V | Vander Slik | | 305 731-4340 | |
| | Name of | Person | Area Code Daytime | : Telephone Number |
| Enclosed | is a check for the | e following amount: | | |
| □ \$25.0 | 0 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

| Conch Limo, LLC. | | | |
|--|--|--|----------------------------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited | i <mark>ny as it now appears on our rec</mark> o Liability Company) | ords.) |
| The Articles of Organization for this Limited Li Florida document number L13000143928 | ability Company | were filed on 10/11/2013 | and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 6418 2nd. Street | |
| | | Key West, FL. 33040 | |
| | | • | |
| Enter new mailing address, if applicable: | | PO. Box 2301 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Key West, FL. 33045 | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | | rds, enter the name of the |
| Name of New Registered Agent: | David J. Vander Slik | | |
| New Registered Office Address: | 6418 2nd. Stree | | |
| | | Enter Florida street addı | |
| | Key West | , I | Florida 33040 |
| | | 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

Page 1 of 3

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 | Kevin F. Corasio | | Add |
| | | 29 Cactus Drive Key West, FL. 33040 | ■ Remove |
| | | | □ Change |
| AMBR | David J. Vander Slik | 6418 2nd. Street Key West, FL. 33040 | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
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| | | | Add |
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| | | · · · · · · · · · · · · · · · · · · · | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | Change |

| _ | Removing Kevin F. Corasio from Registered Agent and Authorized Person (MGRM). |
|---------------------|---|
| | Adding David J. Vander Slik as Registered Agent and Authorized Person (AMBR). |
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| fect | ive date, if other than the date of filing: |
| i eff <u>te:</u> | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| ed | May 21 2019 |
| | |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00