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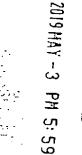
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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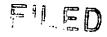
COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT:	KEY LIME CON DOS Name of Limited Liability Company	i LLC
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	ALEXAN DRA ALE	ier
	Firm/Company	
	IS777 CALOOSA CR	EEK CIR
	FORT MYCRS FR 33 City/State and Zip Code Alexa/ber & liv E-mail address: (to be used for future annual	?908 :
-	E-mail address: (to be used for future annua	/C · COM
For further information conc	erning this matter, please call:	
ALEXAN DRA Name of Pe	AUSEL at (239) Area Code	J22 8866 Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee Certificate of Status	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KEY LIM	IE GNOOS LLC	2019 MAY - 3 PM 5: 59
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L14 0000 26</u>	iability Company were filed on $02/14/2014$ or 34 .	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, <u>e</u>	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	IS777 CALOOSA CREEK Enter Florida street address	CIR
	FORT MYERS, Florid	a 33908 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 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>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change

. ii ani	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
) The	ord 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.
Dated	April 30 Signature of a member or authorized representative of a member
	ALEXANDRA AWER Typed or printed name of signee