Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LISETTE PIE SALAZAR PA

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Phone : (305)361~6161

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **KEYLAGO LLC**

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COVER LETTER

TO:

Registration Section Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisette Salazar, Esq.

Name of Person

Lisette Pie Salazar PA

Firm/Company

200 Crandon Blvd. #311

Key Biscayne, Fl. 33149

City/State and Zip Code

lpsalazarlaw@aol.com

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

For further information concerning this matter, please call:

Lisette Salazar

Name of Person

Enclosed is a cheek 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEYLAGO LLÇ	
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L14000039940	Company were filed on 03/10/2014 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	mited 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:	ALE SECTION
(Principal office address MUST BE A STREET ADI	
	CO Training
Euter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ORDA 33
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:	gistered office address on our records, <u>enter the name of the ne</u> idress here:
New Registered Office Address:	Enter Florida street address
	, Floridă
New Registered Agent's Signature, if changing Register	•
I hereby accept the appointment as registered agenorovisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is treed office address, I hereby confirm that the limited liability
•	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

(((H14000078733 3)))

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Carolina Herrera Dibos	715 N Mashta Dr.	Add
		Key Biscayne, Fl. 3314	19 E Remove
mgr	Rafael R. Navarro Grau Dyer	715 N. Mashta Dr.	
		Key Biscayne, Fl. 331	49 ■ Remove
mgr	Marcos Sabaducci Prada	715 N. Mashta Dr.	
		Key Biscayne, Fl. 3314	
			4 APR.
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			Stranove 30
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		<u></u>	Remove .

D. If amending any other information	a anton about of Standard Association of the standard of the s	(((H14000078733 3))
or or amending any other importunation	o, enter change(s) here: (Attach additional sheets, if ne	cessary.)
		
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E. Effective date, if other than the dat	te of filling: March 10, 2014 (op	tional)
the date this document is filed by the Florida	e prior to date of receipt or filed date and cannot be more than 90 day a Department of State)	s aner
Dated March 10	2014	
	Jours -	•
Sign	nature of a member or authorized representative of a member	
	Typed or printed name of signee	
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	Page 3 of 3	

Filing Fee: \$25.00