

L14 0000 53926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

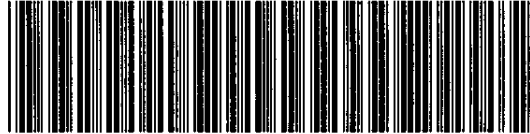
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ALAN ECKSTEIN, P.A.

ATTORNEY AT LAW

3010 FLAGLER AVENUE  
KEY WEST, FLORIDA 33040  
TELEPHONE (305) 294-2247  
FACSIMILE (305) 293-9333

December 31, 2014

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: KEY WEST PUB LLC - FLORIDA DOCUMENT NUMBER: L14000053926

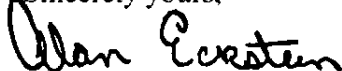
Dear Sir or Madam:

In connection with the above captioned limited liability company, I enclose herewith an original of the Articles of Amendment, along with a check in the amount of \$25.00, representing the cost of filing.

As a part of the Articles of Amendment, I have accepted the appointment as the registered agent for this limited liability company. I have already forwarded to you an original of the Statement of Resignation of Registered Agent regarding the current registered agent, along with a check in the amount of \$85.00, representing the cost of filing. At that time, I indicated that would be forwarding the Articles of Amendment.

Thank you for your cooperation and attention to this matter.

Sincerely yours,



Alan Eckstein

Enclosure as stated

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KEY WEST PUB 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:

ALAN ECKSTEIN, ESQUIRE

\_\_\_\_\_  
Name of Person

ALAN ECKSTEIN, P.A.

\_\_\_\_\_  
Firm/Company

3010 FLAGLER AVENUE

\_\_\_\_\_  
Address

KEY WEST, FLORIDA 33040

\_\_\_\_\_  
City/State and Zip Code

ROCCOFAT@AOL.COM

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

For further information concerning this matter, please call:

ALAN ECKSTEIN

at ( 305 ) 294-2247

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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)

**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**

KEY WEST PUB 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 APRIL 2, 2014 and assigned  
Florida document number L14000053926.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1114 DUVAL STREET

KEY WEST, FLORIDA 33040

**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:

ALAN ECKSTEIN

New Registered Office Address:

3010 FLAGLER AVENUE

Enter Florida street address

KEY WEST

City

Florida

33040

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.*

*Alan Eckstein*

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

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	STEPHEN J. POINTER	1114 DUVAL STREET	<input type="checkbox"/> Add
		KEY WEST, FLORIDA 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN - 5 2011  
12:31 PM

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

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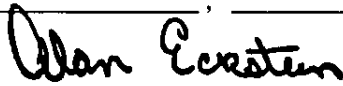
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 DECEMBER 4, 2014



Signature of a member or authorized representative of a member

ALAN ECKSTEIN

Typed or printed name of signee

FILED  
15 JAN -5 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA