

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEY MARATHON LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 APR 23 AM 8: 02

KEY MARATHON LLC (Name of the Limited Liability Compa (A Fixelia Limited)	ny as It now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000060186</u>	were filed on 04/11/2014 and assigned,
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	·
The new name must be distinguishable and end with the words "Limited Lint	oility Company," the dealgoation "LLC" or the abbreviation "LLC." 228 SEABREEZE AVENUE
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PALM BEACH, FL 33480
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	228 SEABREEZE AVENUE PALM BEACH, FL 33480

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:		
		•
New Registered Office Address:		
	Enter Flottes To The Control of the	
·		
	City Zip Code	

New Resistered 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, P.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 Agont, Signature of New Registered Agent

Page 1 of 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:

Citle	Name	Address	Type of Action
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		Product Agency Control of Control	CI Rémove
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	Pag	e 2 of 3	AM 8: 02 OF STATE F. FLORID

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D. If amending any other information, enter change(a) here: (Attach additional sheets, if necessary.) THE ADDRESS FOR THE FOUR MANAGERS NEEDS
TO BE AMENDED TO READ:
228 SEABREEZE AVENUE
PALM BEACH, FL 33480
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed data and cannot be more than 90 days after the date this document is filed by the Plorida Department of State)
Deted April 22 2014 Danielgfalluni
Signature of a member or authorized representative of a member
DANIELA GALLWCCI Typed or printed pame of signed

Page 3 of 3 Filing Fee: \$25.00



2014 APR 23 AM 8: 08
SECRETARY OF STATE
TALL AHASSEE, FLORIDA