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### COVER LETTER

TO:	Registration Sec Division of Cor			
CI'DII	vot.	Pino	Key LLC	
SUВЛ	CC1:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Richau	el M. Ricciardi,	Jr. Esq
		- Buell,	Tuckman, Sken	ens & Ruciardi, PA
		4575	Via Royale, S	Suit 200
			irt Mycus FC 33 City/State and Zip Code	
		E-mail address: (1	ciardi & your - ac	duocates.org
For fu	rther information co	oncerning this matter, please ca	all:	
	Richard	l M. Ruciondi, Ji	1- at (239) 689 Area Code Daytime	-1086
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>k</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ed is a check for th	ne following amount:	S55.00 Filing Fee & Certified Copy	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Pine Key, L	C spream on our m	cords)	
(A)	Liability Company as it now Florida Limited Liability Con	appears on our re	corus.)	
The Articles of Organization for this Limited Liab	ility Company were filed	on 7/8/	14;	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liability comp	any here:		
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	le:	v," the designation	'LLC" or the abbrevia	tion "L.L.C."
Enter new mailing address, if applicable:				17
(Mailing address MAY BE A POST OFFICE BC	<u></u>		<u> </u>	
	·		· · · · · · · · · · · · · · · · · · ·	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	•	ess on our rec	ords, enter the	name of the new
Name of New Registered Agent:	Richar	e M. Rice	iauli, Jr.	Esq
New Registered Office Address:	4575 B	lia Royal nter Florida street d	laudi, Jr. e, Suite 20 advess	<u> </u>
			. Florida <u>33</u>	

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

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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date, if other than the date of filing:  we date is listed, the date must be specific and cannot be prior to date of filing the date inserted in this block does not meet the applicable statutor is effective date on the Department of State's records.	ng or more than 9 ry filing require	(optional 0 days after filing ments, this date	) 2.) Pursuant	45°
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at	12:01 a.m.	on the	earlie
re som day after the record is filed.				
M = 1 39				

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Filing Fee: \$25.00