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2017 APR 13 PN 2:37
SECRETARY OF STATE

K. SALY APR 14 2017

## COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Pine Key De	evelopement CCC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Richau	el M. Ricciardi,	Tr. Esq
	_		
	Powell, Oa	Cleven, Skucus f Firm/Company	Reciard, PA
	4575	Via Royale, Svite	200
	Fort l	Mycs, FL 339 City/State and Zip Code	
		City/State and Zip Code  di Q your-ad voca : to be used for future annual report notif	
For further information co	ncerning this matter, please ca		,
Richard M	. Ricciards, Jr.	at (237) 68	9-1096
Name of		Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

ARTICLE	S OF AMEND	MATERIA I	
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	Or		2017 APR 13 PM 2.  SECRETARY OF STATE  TALLAHASSEE. FLORID.
0.	11 0 1		SEON PH 2
Viñe 1	key Develop	ement, LL	TALIARIARY
(Name of the Limited Liability (A Florida	ty Company as it now a	appears on our reco	rds.) THASSEE STAFF
(1) 1 101101	Diffice Difference Comp	, <i>f</i>	FLORIE
The Articles of Organization for this Limited Liability C	ompany were filed o	on 7/14/8	and assigned
Florida document number L14000 110537		•	
Tronda document mander	<u> </u>		
This amendment is submitted to amend the following:			
		_	
A. If amending name, enter the new name of the limi	ted liability compa	<u>ny here</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability Company,	" the designation "Ll	LC" or the abbreviation "L.L.C."
· ·	• • •	ū	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist	tered office addre	ss on our recor	ds, <u>enter the name of the ne</u>
registered agent and/or the new registered office addi	ress here:		
Name of Name Dayleton & Assure	Richard M.	Quintant:	To Esa
Name of New Registered Agent:	KICHMICK PIL	KICC I WELL	JV. 131
New Registered Office Address:	4575 Via	Royale S	ite 200
ivew registered Office Address.		er Florida street addı	
	C . 44		22.0

## 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:				
	Manager	FILED 2017 APR 13 PM 20 37		
AMBR =	- Authorized Member	2017 400		
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE	Type of Action	
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f an effectiv Note: If t	date, if other than the date we date is listed, the date must be sp the date inserted in this block do is effective date on the Departm	cific and cannot be s not meet the a	prior to date of filis pplicable statutos	ng or more than 90 cry filing requireme	_ <b>(optional)</b> lays after filing.) Pu ents, this date wil	rsuant to 605.0207 (3) I not be listed as the
	d specifies a delayed effe th day after the record is		t not an effec	tive time, at 1	2:01 a.m. on	the earlier of:
Dated	March 28		17			
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	Signa	ire of a member or	authorized represe	entative of a membe	r	

Page 3 of 3

Filing Fee: \$25.00