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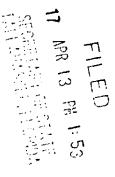
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D. SCOTT APR 1 4 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Pine Key	Partners, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard	M. Ricciardi,	Jr. Esq
	_ Powell, I	ackmay, Steven	ms ? Ricciardi, PA
	4575 Via	Royale, Suite 20	00
		Myers FL 33 City/State and Zip Code	
		City/State and Zip Code	
	Frictian	die your-advo	retis. org
For further information c	oncerning this matter, please ca		TES T
Richard	M Ricciand In	2.17 GAP	-1096
Name o	f Person	- at ( <b>237</b> ) <b>689</b> Area Code Daytime	e Telephone Number
Enclosed is a check for th	ic 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

Per	he Key Partners, LLC	
(Name of the Limited	I Liability Company as it now appears on our r A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	= 13 = T
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	ω π
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here:	
Name of New Registered Agent:	Richard M. Ricci	andi Jr. Esq
New Registered Office Address:	Richard M. Ricci 4575 Via Royale, :  Enter Florida street d  Fort Mycus  City	Suite 200

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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ted		Signature o	a member or	authorized	epresentative of	t a member		<u>.</u>	

Page 3 of 3

Filing Fee: \$25.00