L15000019862

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COVER LETTER

SUBJECT: Keys Boat	Nome of the	ited Liability Company	
	Name of Lim	inted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Allison Branigan		
	Amson Dianigan	Name of Person	
		Firm/Company	
	31158 Avenue F		
		Address	
	Big Pine Key, FL 33043		
		City/State and Zip Code	_
	info@keysboattours.com		
	E-mail address' (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Allison Branigan		at (305) 930-9249	
Name o	f Person	at (305) 930-9249 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration 5	Section	Registration Se	etion

Registration Section

Registration Section

Division of Corporations

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keys Boat Tours LLC		
(Name of the Lim	ited Liability Company as it now app- (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited	Liability Company were filed on _	02/02/2015 and assigned
lorida document number L15000019862	·	
his amendment is submitted to amend the fo	Howing:	
. If amending name, enter the new name	of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office <u>address MUST BE</u> A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		- 1
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
 If amending the registered agent and/or gent and/or the new registered office addr 	C.	records, enter the name of the new register
the new registered office addi-	cos nere.	- 5
Name of New Registered Agent:	Allison Branigan	
New Registered Office Address:	31158 Avenue F	
	Enter F	Torida street address
	Big Pine Key	. Florida ³³⁰⁾⁴³

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.

Cay

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Allison Branigan	31158 Avenue F, Big Pine Key, FL 33043	= Add
			□Remove
			□Change
MGR	Allison Culbertson	31158 Avenue F, Big Pine Key, FL 33043	□Add
			Remove
			□Change
MGR	Brian Branigan	31158 Avenue F, Big Pine Key, FL 33043	🗆 Add
			=Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

Feetive date, if other than the date of filing: (aptional) neffective date is listed, the date must be specific and cannot be prior to date of liting or more than 96 days after filing.) Pursuant to 605.0207 tree [Trite date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as runneal's effective date on the Department of State's records. Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member			
ective date, if other than the date of filing:			
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