

L15000024947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

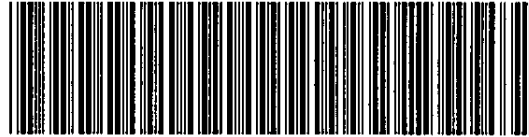
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TALLAHASSEE, FLORIDA

MAR 31 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2015

ROSA ROSQUET
16281 SW 93 STREET
MIAMI, FL 33196

SUBJECT: KEY LARGO 189, LLC
Ref. Number: L15000024947

We have received your document for KEY LARGO 189, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments to articles of organization of a Florida limited liability company must comply with section 605.0202, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 915A00004977

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CORPORATIONS
TALLAHASSEE, FLORIDA

15 FEB 27 AM 10:00
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY LARGO 189, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank C. Quesada, Esquire

Name of Person

Quesada Law

Firm/Company

1313 Ponce de Leon Blvd., Suite 200

Address

Coral Gables, Florida 33134

City/State and Zip Code

frank@quesadalaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank C. Quesada

305 446-2517

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KEY LARGO 189, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 10, 2015 and assigned Florida document number L15000024947.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 Florida street address

_____, **Florida**
City Zip Code

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 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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Behar	4533 Ponce de Leon Blvd	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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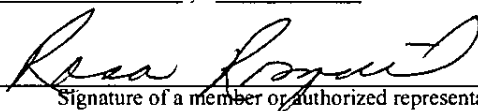
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 24, 2015



Signature of a member or authorized representative of a member

Rosa Rosquet

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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