

L150000 89739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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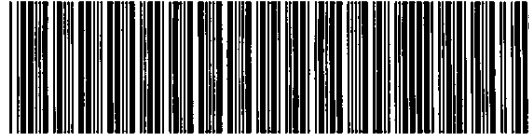
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 JUN 23 PM 12:11

S. YOUNG

JUN 24 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASEY KEY HOSPITALITY 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:

ANN KELLY

Name of Person

CASEY KEY HOSPITALITY LLC

Firm/Company

5225 EAST PICKARD ROAD

Address

MT. PLEASANT, MI 48858

City/State and Zip Code

akelly@lodgco.net

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

For further information concerning this matter, please call:

ANN KELLY

989 773-2400
at ()

Name of Person

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

CASEY KEY HOSPITALITY 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 10/05/2015 and assigned
Florida document number L15000089739.

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 contain 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)

5225 EAST PICKARD ROAD

MT. PLEASANT, MI 48858

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5225 EAST PICKARD ROAD

MT. PLEASANT, MI 48858

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 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>	<u>Type of Action</u>
MGR	MICHAEL R. SMITH	5225 EAST PICKARD ROAD	<input type="checkbox"/> Add
		MT. PLEASANT, MI 48858	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANN KELLY	5225 EAST PICKARD ROAD	<input checked="" type="checkbox"/> Add
		MT. PLEASANT, MI 48858	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL MARTIN	5225 EAST PICKARD ROAD	<input checked="" type="checkbox"/> Add
		MT. PLEASANT, MI 48858	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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[illegible]

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
16 JUN 23 PM 12:12

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JUNE 14 2016

Signature of a member or authorized representative of a member

ANN KELLY

Typed or printed name of signee