

L15000105179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800276295368

800276295368  
08/25/15--01014--015 \*\*25.00

2015 AUG 24 P 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 26 2015

S MASON

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: D. W. Key West 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:

Joshua Goldurs  
Name of Person  
D. W. Key West LLC  
Firm/Company  
1110 Eaton St. Apt. 5  
Address  
Key West, FL 33040  
City/State and Zip Code  
goldursjosh@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Goldurs at (216) 235-3236  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

D.W. Key West LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2015 AUG 24 2:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6-18-2015 and assigned  
Florida document number L15000105179

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)

400 Whitehead ST #356  
Key West, FL  
33041

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 Whitehead ST #356  
Key West, FL  
33041

**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:

Joshua Goldurs

New Registered Office Address:

400 Whitehead ST #356

Enter Florida street address

Key West

City

Florida

33041

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

Title	Name	Address	Type of Action
AMBR	Goklyrs, Joshua B	400 Whitehead ST #356	<input checked="" type="checkbox"/> Add
		Key West, FL	<input type="checkbox"/> Remove
		33041	<input type="checkbox"/> Change
AMBR	White, Daniel	6752 WALNUT DR.	<input type="checkbox"/> Add
		GATES MILLS, OHIO	<input type="checkbox"/> Remove
		44040	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2015 APR 24 P 2:56  
NOTARY OF STATE  
TAMMIE S. FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add - EIN 47-4326930

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

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/22/2015

Signature of a member or authorized representative of a member

DANIEL WHITE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 AUG 24 P 2:56  
SECRETARY OF STATE  
TAMARA S. FLORES  
FLORIDA

FILED