

L16000078170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

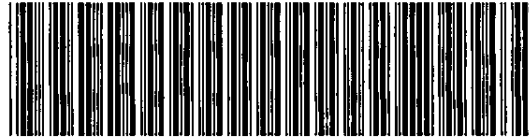
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS
NOV 21 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADAMS KEY, 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:

CARLOSGIL

Name of Person

Firm/Company

3910WESTFLAGLER STREET

Address

MIAMI, FLORIDA 33134

City/State and Zip Code

CARLOS@CARLOSAGILPA.COM

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

For further information concerning this matter, please call:

CARLOSGIL

305

443-2525

at (_____) _____
Area Code

Daytime Telephone Number

Name of Person

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

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	FIRSTAMERICAN AEXCHANG	215 s state street, suite 380	<input type="checkbox"/> Add
		salt lake city, ut 84111	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	ignacio sotolongo	8370 sw 2 street	<input checked="" type="checkbox"/> Add
		miami, florida 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	caridad p. sotolongo	8370 sw 2 street	<input checked="" type="checkbox"/> Add
		miami, florida 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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DIVISION OF CONSTRUCTION

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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 october28, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mark A. Bullock for FIRSTAMERICAN EXCHANGE COMPANY, LLC

Typed or printed name of signee