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DIKISION OF CORPADAMIS

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COVER LETTER

TO: Registration S Division of Co			
ADAMS	KEY, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	•
	CARLOSGIL		
		Name of Person	
		Firm/Company	
	3910WESTFLAGLER S	STREET	
		Address	
	MIAMI, FLORIDA 3313	4	
		City/State and Zip Code	
	CARLOS@CARLOSAG		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please of	all:	
CARLOSGIL		305 443-2525 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADAMS KEY, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000078170</u>	were filed on 04/20/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		-
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	Name of the Limited Liability Company as it now appears on our records.) (A Monda Limited Liability Company) cles of Organization for this Limited Liability Company were filed on our records. (A Monda Limited Liability Company) cles of Organization for this Limited Liability Company were filed on our records. (A Monda Limited Liability Company) condition in the Limited Liability Company were filed on our records. (A Monda Limited Liability Company) condition in the Limited Liability Company here: (A Monda Limited Liability Company) (A Monda Limited Liability Company (A Monda	
(Principal office address MUST BE A STREET ADDRESS)	tion for this Limited Liability Company were filed on 04/20/2016 and assigned r	
Enter new mailing address, if applicable:	8370SW2ST	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33144	
Name of New Registered Agent:	Enter Florida street address	16 NOV 18
	, , , , , , , , , , , , , , , , , , , ,	
New Registered Agent's Signature, if changing Registered Agent:		¥S O

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>	Address	Type of Action
MGR	FIRSTAMERICAN AEXCHANG	215 s state street, suitc 380	
		salt lake city, ut 84111	■ Remove
			Change
mgr	ignacio sotolongo	8370 sw 2 street	
		miamì, florida 33144	Remove
			Change
mgr	caridad p. sotolongo	8370 sw 2 street	= Add
•		miami, florida 33144	□ Remove
			🗇 Change
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Effective date, if other than the an effective date is listed, the date mode: If the date inserted in this locument's effective date on the	block does not meet	the applicable	ate of filing or mo statutory filing	ore than 90 days requirements	optional) after filing.) Pus , this date will	suant to 605.0 not be listed	207 (3) as the
e record specifies a delaye The 90th day after the re		, but not ar	n effective ti	me, at 12:0)1 a.m. on	the earlier	of:
october28		016					
	10/1 . 10 -	7/mr					
	Signature of a mem	per or authorized	representative of	of a member			

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