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J. HARRIS

COVER LETTER

Divi	sion of Cor	porations			
	•	t Ski, L.L.C.			
Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Anthony McMellon			
			Name of Person	·	
		All Keys Jet Ski, L.L.C.			
Firm/Company				· · · · · · · · · · · · · · · · · · ·	
		171 Hood Avenue - Suite #8			
			Address		
		Tavernier, FL 33070			
		allkeysjetski@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report noti	fication)	
For further in	formation c	oncerning this matter, please ca	all:		
Anthony Mc			305 393 - 1219		
	Name of	Person	at ()Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	ne following amount:	·		
\$25.00 F	iling 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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	ed Liability Company as it now appear	s on our records.)
· (Itable of the Diame)	ed Liability Company as it now appear (A Florida Limited Liability Company)	<u>, on our peroquer</u>
he Articles of Organization for this Limited Lia lorida document numberL16000102588	ability Company were filed on	5/16 and assigned
his amendment is submitted to amend the follo	owing:	
. If amending name, enter the new name of	the limited liability company he	<u>re</u> :
ne new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	able:	
Principal office address MUST BE A STREET	T ADDRESS)	<u> </u>
nter new mailing address, if applicable:		SS W
<u> Iailing address MAY BE A POST OFFICE E</u>	<u></u>	TO A IN
		9: J
. If amending the registered agent and/o	on modetomed office address on	Orn of
egistered agent and/or the new registered off	•	our records, enter the name of the
Name CN Date 14	Anthony McMellon	
Name of New Registered Agent:	171 Hood Avenue - Suite #8	<u>, , , , , , , , , , , , , , , , , , , </u>
	171 Mood Avenue - Suite #8	
New Registered Office Address:	Enter Flor	do etraat addrace
New Registered Office Address:	Enter Flora	ida street address . Florida 33070

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Anthony McMellon	171 Hood Avenue - Suite #8; Taver nier	Add
			□ Remove
			Change
MGR Arthur	Arthur McMellon Jr.	-	D Add
		171 Hood Avenue - Suite #8 Tavernie	■ Remove
			Change
			□ Add
			□ Remove
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	E. F. ORIDA	Change 51 50	
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			Change

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·	
E. Effective date, if other than the date of filing:	(optional)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effective date, but not an ef (b) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated 2016	
Mark Tark	
Signature of a member or authorized rep	resentative of a member
Anthony McMellon	200 W 1999
Typed or printed name of	f signec
Page 3 of 3	56 NO.4

Filing Fee: \$25.00