

L16 000 116 968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

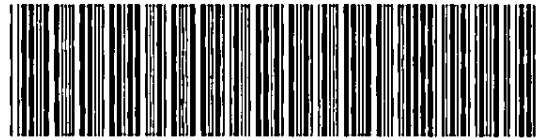
(Business Entity Name)

(Document Number)

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2/3/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SQL OF KEY WEST
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:

BRENDON FETTIS
Name of Person

SQL OF KEY WEST
Firm/Company

107S DUVAL ST. STE C12
Address

KEY WEST, FL 33040
City/State and Zip Code

info@oceangrillandbar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDON FETTIS at (305) 414 3875
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SQ1 OF KEY WEST

(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 06/16/2016 and assigned Florida document number L16000116968.

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)

1075 DUVAL ST. STE C12
KEY WEST
FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

BRENDON FETTIS

New Registered Office Address:

1075 DUVAL ST. STE C12

Enter Florida street address

KEY WEST

City

Florida

33040

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM JORDAN	10 10 th AVE,	<input type="checkbox"/> Add
		KEY WEST	<input checked="" type="checkbox"/> Remove
		FL 33040	<input type="checkbox"/> Change
MGR	BRENDON FETTIS	921 WHITE ST APT 5	<input checked="" type="checkbox"/> Add
		KEY WEST	<input type="checkbox"/> Remove
		FL 33040	<input type="checkbox"/> Change
AMBR	SHUKHIRAT IZAKHIMOV	529 SIMONTON ST	<input checked="" type="checkbox"/> Add
		KEY WEST	<input checked="" type="checkbox"/> Remove
		FL 33040	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 12/18/2020, _____

Signature of a member or authorized representative of a member

BRENDON FETTS

Typed or printed name of signee

Filing Fee: \$25.00