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S. ROBERTS

## **COVER LETTER**

TO:	Registration Se Division of Cor				
	Comedy Ke	y West LLC			
SUBJ	ECT:	·	<del></del>		
		Name of Limi	ted Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are subi	nitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Joseph Madaus			
			Name of Person		
		Comedy Key West LLC			
		<del></del>	Firm/Company		<del></del>
		218 Whitehead St. #5			
			Address	<del></del> _	
		Key West, FL 33040			
			City/State and Zip Code		
		comedykeywest@gmail.com			
		E-mail address: (t	o be used for future annual re	port notification)	
For fu	rther information c	oncerning this matter, please ca	ill:		
Joseph	n Madaus		617 694-		
Name of Person			at () Area Code	Daytime Telepho	one Number
Enclos	sed is a check for th	ne following amount:			
≣ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

Comedy Key West LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our record orida Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
		202
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 A		
		19
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX	^	
Fraumg dataress MAT BE AT OST OTTICE BOX	<u> </u>	
		<del></del>
B. If amending the registered agent and/or regist agent and/or the new registered office address he		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
_	, FI	lorida
_	Citv	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Called W. West I C

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	Thomas Dustin	624 Fleming St. Unit A. Key West, FL 33040	🗏 Add
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			□Change
			□Add
			□Remove
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lote: If the date inserted in this	he date of filing:  nust be specific and cannot be prior block does not meet the applica  Department of State's records.	to date of filing or more than 90 dable statutory filing requireme	_ (optional) ays after filing.) Pursuant to 60 ents, this date will not be lis	5.020 ted a
record specifies a delayed effec is filed.	tive date, but not an effective tir	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th day after	er the
04/13	2023			
ated	Signature of a member or autho	<u> </u>		
Origh Madays				