## 116000223508

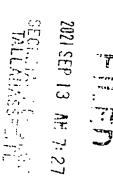
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2021

CHARLES ALLAN POPE PO BOX 9315 TAVERNIER, FL 33070

SUBJECT: KEYS LIFE BOAT LLC Ref. Number: L16000223508

We have received your document for KEYS LIFE BOAT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II Letter Number: 521A00021068

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keys Life Boo	at LLC		
( <u>Name of the Limited</u> (/	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial	bility Company	were filed on 12 9 16	and assigned
Florida document number <u>L 1600022350</u>	08		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited lial	oility company here:	
NIA			
The new name must be distinguishable and contain the wor	rds "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	NIA	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		address on our records, <u>enter the</u> Enter Florida street address  Flori	ZODI SEP 13 AM 7
		City	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 diales, and it is 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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cord specifies a de s filed.	layed effective date, b	ut not an effective	time at 12:01 a.m.	on the earlier of	: (b) The 90th day	y afte
ed 8/12/	<del></del>	2991				
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	Signature	e of a member or auti	horized representativ	e of a member		
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