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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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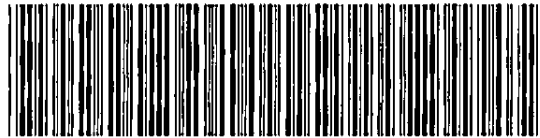
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY MARINE AMERICAS LLC

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:

FRANK RAY

Name of Person

KEY MARINE AMERICAS LLC

Firm/Company

800 VILLAGE SQUARE CROSSINGS, SUITE 321

Address

PALM BEACH GARDENS, FLORIDA 33410

City/State and Zip Code

FRANKRAY@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK RAY

305 522-3578

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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

KEY MARINE AMERICAS LLC

(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 APRIL 3, 2017 and assigned Florida document number 117000074448.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

800 VILLAGE SQUARE CROSSING, SUITE 321

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 VILLAGE SQUARE CROSSING, SUITE 321

PALM BEACH GARDENS, FL 33410

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:

VIVIANETTE QUINTANA

New Registered Office Address:

800 VILLAGE SQUARE CROSSING, SUITE 321

Enter Florida street address

PALM BEACH GARDENS

Florida 33410

City

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.

Vivianette Quintana

If Changing Registered Agent, Signature of New Registered Agent

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STATE
FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PATRICK J LEHMANN	909 EVERGREEN DRIVE	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANK RAY	13726 ELM SHORES DR	<input checked="" type="checkbox"/> Add
		HOUSTON, TX 77044	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIVIANETTE QUINTANA	2890 EAGLE LN	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

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TALLAHASSEE, FL

Vincent Quintana
Signature of a member or authorized representative of a member

Typed or printed name of signee