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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: KEY	S CAMPING	GEAR LLC	<u>. </u>	
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kelly Clark			
	 	Name of Person		
	Camping Florida Keys		۴ مس	2
		Firm/Company		3 71
	PO Box 4855			五二
		Address	- 9,	22
	Key West, FL 33041			2 0
	Rentals@campingfloridakey	City/State and Zip Code /s.com	MILANASSITATI DAGA	D 11: 20
	E-mail address: (t	o be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please ca	M:		
Kelly Clark		305 928-3515 at ()		
Name o	l'Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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 Statu Certified Copy (additional copy is enclo	

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keys Camping Gear LLC	——————————————————————————————————————	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000085993</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Camping Florida Keys LLC	".1 Leimation "I.I.C"	or the abbreviation "L.L.C."
Camping Florida Keys LLC The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation Lieu	or the door views
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2000 FEB 22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by	office address on our records nere:	2
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	3
	, FI	orida
	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 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

	ithorized Member Name	Address	Type of Action
<u>Title</u>			
			Remove
			Change
			Add
			Remove
			Change
			Atte
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