

L17000138684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

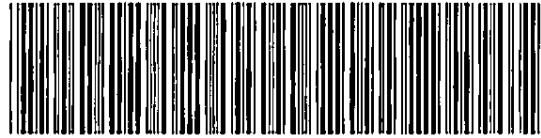
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UCS
25-19



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/01/2019

Name: Chris Vick

Reference #: 1037833

Entity Name: KEY WEST PD, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other

Authorized Amount: \$25

Signature:

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

KEY WEST PD, 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 06/27/2017 and assigned
Florida document number L17000138654.

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:

901 HUGH WALLIS ROAD SOUTH

(Principal office address MUST BE A STREET ADDRESS)

LAFAYETTE, LA 70508

Enter new mailing address, if applicable:

901 HUGH WALLIS ROAD SOUTH

(Mailing address MAY BE A POST OFFICE BOX)

LAFAYETTE, LA 70508

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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CLERK OF DISTRICT COURT
LAHASSER, FLORIDA

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Keith G. Myers	901 HUGH WALLIS ROAD SOUTH	<input checked="" type="checkbox"/> Add
		LAFAYETTE, LA 70508	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Treasurer	Joshua L. Proffitt	901 HUGH WALLIS ROAD SOUTH	<input checked="" type="checkbox"/> Add
		Lafayette, LA 70508	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	GUENTHNER, C. STEVEN	9510 ORMSBY STATION RD., STE. 300	<input type="checkbox"/> Add
		Louisville, KY 40223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Patrick T. Lyles	9510 ORMSBY STATION RD., STE. 300	<input type="checkbox"/> Add
		Louisville, KY 40223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Daniel Schwartz	9510 ORMSBY STATION RD., STE. 300	<input type="checkbox"/> Add
		Louisville, KY 40223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Cathy Pedigo	9510 ORMSBY STATION RD., STE. 300	<input type="checkbox"/> Add
		Louisville, KY 40223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Remove Officers:

REIBEL, JEFF

9510 ORMSBY STATION RD., STE. 300 LOUISVILLE, KY 40223

HOGSTON, SANDRA

9510 ORMSBY STATION RD., STE. 300 LOUISVILLE, KY 40223

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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 1/17, 2019


Signature of a member or authorized representative of a member

Joshua L. Reiff
Typed or printed name of signer