11700)159672

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200302490622

08/14/17--01012--024 **25.00

2017 AUG TH PH 2: 54

K. SALY AUG 15 2017

COVER LETTER

TO:	Registration Se Division of Cor			
SURJEC	Key Colon	y 18 LLC		
3011311	-··	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Alfonso C. Garcia		
			Name of Person	
			Firm/Company	
		18 7th Street		
			Address	
		Key Colony, FL 33051		
		eaainc@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	er information e	concerning this matter, please co	all:	
Alfonso	C. Garcia		305 586 5993	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	l is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

2017 AUG 14 PH 2: 54

MACLAHASSEE, FLORIA

Key Colony 18 LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

		- CRIA
The Articles of Organization for this Limited Liability Company	were filed on <u>07-26-2017</u>	
Florida document number 1.17000159672		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our reco re:	rds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.		
New Registered Office Address.	Enter Florida street add	ress
New Registered Office Address.	Enter Florida street add	

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	Alfonso C Garcia	911 NW 7th Street Dania Beach FL	Add
			Remove
			□ Change
			Add
			Remove
			Dange TI
			ART CONTROL OF THE REMARKS
			Por Remarks
			
			□ Remove
			Change
<u></u>			
			Remove
			Change
			🗖 Add
			Remove
			☐ Change

·				
	<u> </u>			<u></u>
·				
·				
			·················	00
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	7017 NG
				77 0
·				SS ST PR
				12 S
				25
			•	<u>~~</u>
ective date, if other than the neffective date is listed, the date mu	date of filing:	<u> </u>	(ор	tional)
te: If the date inserted in this b	ock does not meet th	e applicable statutory	g or more than 90 days aft filing requirements, t	ter filing.) Pursuant to 605.02 his date will not be listed:
cument's effective date on the E	epartment of State's	records.		
record specifies a delaye	d effective date	hut not an offect	ive time at 12:01	a muon the earlier
The 90th day after the rec	ord is filed.	but not an enect	ive time, at 12.01	a.iii. Oii tile earliei
August 11	201	7		
ted	· -		_	
		110		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee