DEC/06/2017/WED 12:01 PM

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FAX No.



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6383		2017 DEC
From:	Account Name : AVILA RODRIGUE: Account Number : I20070000136 Phone : (786)594-4102 Fax Number : (786)664-3375	SANZ z hernandez mena &	
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Ema	11 Address: asanzac	rehart.com	- <u></u>
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Electronic Filing Menu Corporate Filing Menu

Help TT

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FAX No.

ARTIC	LES OF AMENDMEN'T	
	TO	
ARTICL	ES OF ORGANIZATION	
	OF	
Key Destin, LLC		
(Name of the Limited Lin (A Fi	ability Company as It now appears on our records.) orlds Limited Liability Company)	
	07272017	
The Articles of Organization for this Limited Liability	ty Company were filed on <u>01212011</u> and as	signed
Florida document number L17000161356		
This amendment is submitted to amend the following	a:	
A. If amending name, enter the new name of the	limited liability company here:	
		1.0.
The new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC" or the abbreviation "L	Law.
Enter new principal offices address, if applicable:		
Enter new principal offices address, if applicable:		
Enter new principal offices address, if applicable:		
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STRBET AL</u>		
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET AL</u> Enter new mailing address, if applicable:	<u>DDRESS)</u>	
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STRBET AL</u>	<u>DDRESS)</u>	
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Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STRBET AL</u> Enter new mailing address, if applicable: <u>(Malling address MAY BE A POST OFFICE BOX</u>	egistered office address on our records, <u>enter the name</u>	
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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 Registored Agent, Signature of New Registered Agent

Page 1 of 3

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FAX No.

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FAX AUDIT NO. H17000319686 3

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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 = Anthorized Member

Title	Name	Address	Type of Action
MGR	Diego Aidid	848 Brickell Avenue, Suite 1100	[]] Add
		Miami, FL 3313 :	🖬 Remove
		<u> </u>	Change
MOR	Inigo Ardid	848 Brickell Avenue, Suite 1100	Q Add
		Miami, FL 3313!	E Remove
			Change
MGR	Kay Int'i Investore II LLC	848 Brickell Avenue, Suite 1100	8 Add
		Mismi, FL 33131	П Келюуе
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			Q Add
			C Remove
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Diego Ardid, Authorized Representative	5

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Filing Fee: \$25.00

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