L18000002917

(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



800437347738

10/01/24--01006--016 **25.00

FILED

2024 COT -1 AM 9: 28

SECH-MARKSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
FLORIDA	KEYS KAYAK, LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	ANGELICA ROSADO		
		Name of Person	
		Firm/Company	
	PO BOX 281		
		Address	
	AGUADA, PR 00602		
		City/State and Zip Code	
	angelicalynne@gmail.com		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
ANGELICA ROSADO		305 363-9383	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA KEYS KAYAK, LLC	
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L18000002917	ty Company were filed on and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
NIA	
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 applicables	: NA
(Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	PO BOX 281 AGUADA PR 00602
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	NJA
New Registered Office Address:	Enter Florida street address
	, Florida
_	, Florida 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angelica Rosado	PO BOX 281 AGUADA PR 00602	= Add
			□ Remove
			☐ Change
			
			□Remove
			□Change
 _			□ Add
			🗆 Remove
			Change
			□Add
			□ Remove
			∏Chance .
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			∏Change

			
			
			· · · · · · · · · · · · · · · · · · ·
			
	<u> </u>		
		· .	
		<u>.</u>	
			
			···
	· · · · · · · · · · · · · · · · · · ·		
Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be prior to dat	e of filing or more than 90 da statutory filing requiremer	(optional) ys after filing.) Pursuant to 605.020 its, this date will not be listed as
curnent s effective date on the Depar			
	le, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day after the
is filed. SEPTEMBER 19TH	2024		
is filed. SEPTEMBER 19TH ACONOMIC	2024 nature of a member or authorized		