## L18000017408

(Requestor's Name)		
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	<u>-</u>



000308448230

02/01/18--01024--010 \*\*25.00

DIVISION OF CORPORATIONS

K. SALY FEB 5 2018

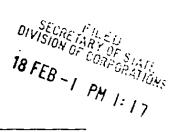
## **COVER LETTER**

	KEY PROPERTIES LLC		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	IDA CARVAJAL		
		Name of Person	
	KURLY KEY PROPERT	IES LLC	
		Firm/Company	
	PO BOX 915		
		Address	
	GOTHA. FL 34734		
		City/State and Zip Code	
	CHEKS82@AOL.COM		
		to be used for future annual report no	tification)
For further information	on concerning this matter, please c	aii:	
IDA CARVAJAL		718 930-0695 at ()	
Nar	ne of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	or the 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 State Certified Copy (additional copy is enc

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**



KURLY KEY PROPERTIES 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 Florida document number L18000017408	were filed on JANUA	ARY 19, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
(Matung duaress MAT BE A FOST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	<del>-</del>		
New Registered Office Address:	Enter Florida st	reet address	<del></del>
		, 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: Skreen Fig. 1.7

MGR = Manager

AMBR = Authorized Member

DIVISION OF		31/11.
18 FEB -1	بر <sub>ان</sub> ره بلا	<sup>IR</sup> ATIÕHS

71:1 MY Type of Action Title Address Name AMBR MARCELO CARVAJAL PO BOX 915 \_D Add GOTHA, FL 34734 ■ Remove \_\_\_\_\_ Change AMBR MARCELO JUNIOR CARVAJAL PO BOX 915 \_■ Add GOTHA, FL 34734 \_□ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove \_ Change \_□ Add \_□ Remove \_

Change \_D Add \_\_□ Remove \_□ Change

	DIVISELATION	<u> </u>
·	18 Fr.	OF STALL
	DIVISION OF CO	# 1: 1 7
		_ <del>-</del>
		<u> </u>
	·	<u>_</u>
	<del></del>	<del></del>
fective date, if other than the date of filing:  JANUARY 26 an effective date is listed, the date must be specific and cannot be prior to other. If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to e statutory filing requirements, this date will not be	o 605.0207 (3)( e listed as the
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the e	arlier of:
ed JANUARY 26 2018  Signature of a member or authorize	ed representative of a member	_
IDA CARVAJAL		
Typed or printed n	name of signee	_

Page 3 of 3

Filing Fee: \$25.00