

JAN 25 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KEY STRONG LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANKOVIC MARIAN  
Name of Person

KEY STRONG LLC  
Firm/Company

1205 11TH STREET  
Address

KEY WEST FL 33040  
City/State and Zip Code

marcelabredova@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANKOVIC MARIAN at (908) 494 6960  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 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**

KEY STRONG 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 \_\_\_\_\_ and assigned  
Florida document number L 18000154946

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
19 DEC 23 AM 8:41  
TALLAHASSEE, FLORIDA

**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

\_\_\_\_\_. **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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>MARCELA BREDOVA</u>	<u>3910 S. ROOSEVELT BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>APT 108E</u>	<input type="checkbox"/> Remove
		<u>KEY WEST, FL 33040</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>MARCELA BREDOVA</u>	<u>3910 S. ROOSEVELT BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>APT 108E</u>	<input type="checkbox"/> Remove
		<u>KEY WEST, FL 33040</u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
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<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change

FILED  
19 DEC 23 AM 8:41  
ST. JOHN'S COUNTY, FLA.  
TALLAHASSEE, FLA.

19 DEC 23 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
②

Dated \_\_\_\_\_, 19\_\_\_\_.

X  Signature of a member

Signature of a member or authorized representative of a member

Marion Jean Louis  
 J521-540-79-311-0  
 EXP: 08/31/2026  
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I, Josie M. Val  
Notary Public Certified  
And sworn to subscribe  
before me this Friday  
12 December 20<sup>th</sup>, 20

Notary Public State of Florida  
Josie Moise Val  
My Commission GG 364840  
Expires 08/12/2023