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SECONDANCE OF STATE

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COVER LETTER

TO: Registration S Division of Co			
CUBICCT.	LFY PTRONG	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	ondence concerning this matter	to the following:	
	JANKOVIC	MARIAW Name of Person	· ······
	KEY STRO	WG LLC Firm/Company	
	1205 11TH	STREET Address	
	KEY WEST	FL 33040 City/State and Zip Code do va D gmail. Code o be used for future arinual report notific	
	marcelabre E-mail address: (1	dova Damail. Co be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ill:	
JANKOVIC Name o	MARIAN of Person	at (908) 494 Area Code Daytime	6960 Telephone Number
Enclosed 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 S Division of O	Section	Street Address: Registration Sect Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	KEY STROK	46 LLC		
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 "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the mame of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Name of the Limited I.	Liability Company as it now appears on o	<u>ur records.</u>)	
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New Registered Office Address:	Name of New Registered Agent			
	Time of the transferred right.	·		
Enter Florida street address	New Registered Office Address:			
		Enter Florida street address		
, Florida				·····
City Zip Code		City		Zip Code

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

Title	Name	Address	Type of Action
AMBR	MARCEY BREDOVA	3910 S. ROOSEVELT BLUD	XAdd
		1PT 108E	□ Removc
		KEY WEST, FL 33040	□Change
MGR	MARCELA BREDOVA	3910 S. ROOSEVELT BLKD	Add
		APT 108E	□Remove
		KEY WEST, FL 33040	□Change
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Signature of a mem	nber or authorized re	presentative of a ma	ember	~~	77CF	~ ^ ′
Signature of a mem	aber or authorized re	presentative of a m	ember S/1/s	~~~	Notary Pu	DHIC State of