6/22/2021 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ABITOS PLLC Account Number : I20200000189

Phone Fax Number

: (305)774-2945 : (305)774-1504

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:		

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

KEY BARRACUDA, LI		
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow uppears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were file Florida document numberL19000009815	ed on01/08/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the a	bbreviation "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 BON)		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the nat</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<b>~</b>	20 20
New Acquiried Office Hautesy.	Enter Florida street address Florida	JUN
City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<b>3 3 5</b>
I hereby accept the appointment as registered agent and agree to accept sions of all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	nance of my duties, and I an d for in Chapter 605, F.S. O	familiar <b>un</b> t and -, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Leticla Sosa

Fax: 13057742945

To: FDS (Division of Corp)

Fax: (850) 617-6383

Page: 3 of 4

06/22/2021 11:11 AM

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	<u>Name</u>	Address	Type of Action
MGR	PADILLA, SANTIAGO	255 ARAGON AVENUE, 2ND FLOOR	□Add
		CORAL GABLES, FL 33134	■Remove
			Change
			□Add
			□Remove
			Change
MGR	URDAPILLETA, DOLORES	104 Crandon Blvd, suite 415	<b>=</b> Add
		Key Biscayne, Fl. 33149	Remove
			Change
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			□ Remove
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Fax: 13057742945

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