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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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JUL 18 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Key West Gift 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:
LANA Zhygun Name of Pospon
Key West Grift LIC
27c 10th ave
Stock Island FL 33040 City/State and Zip Code
Keyline Soungift@gmuil.com (E-mail address: (to be used forfuture annual report notification)
For further information concerning this matter, please call:
Tama Zhygun at (305) 783 · 86 · 06 Name of Person Parson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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**

(Name of the Limited L (A)	Gilt iability Compan lorida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1900010242		vere filed on <u>06.2.6, 2019</u>	and assigned (
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the Key West Gifts The new name nust be distinguishable and contain the words	T1 C.		obreviation "L.L.C."
Enter new principal offices address, if applicable Principal office address MUST BE A STREET A		27C 10th ave Stock Island F	FL 3304c
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	27c Johnane Stock Island	FL 33.04
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:		
Name of New Registered Agent:	Tan	a Zhygun	
New Registered Office Address:	27c	2 Thygun 10th ave Enter Florida street address	
_	Stock	2 Island Florida	33040 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 t 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			☐ Remove
		.	Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
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		<u></u>	Change

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Effectiv	e date, if other than the date of filing: (optional)
If an effec Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated _	06.26.2019
	After
	Signature of a member of authorized representative of a member
	1 /7 /
	TANA Zhygun Typed or printed name of signee

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Filing Fee: \$25.00