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COVER LETTER

TO: Registration Se Division of Cor	ction porations j		
SUBJECT: Ke	, West Gi	Fts	•
,	Name of Lir	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	IANA Zh	Y. O) Uh Name of Person	
	Key Wes	St GiFtS 110 Firm/Company	
	·	Firm/Company	<u> </u>
	27 C 10+1	AUR Stock Is	Sland Fl
	<u>33070</u>		
		City/State and Zip Code	
	E 9 - 41		
For further information cor	re-mail address; (i	o be used for future annual repor	t notification)
_	_ 1	iff:	
Name of F	ersuh / OLA	at (<u>305</u>) <u>783</u> Area Code Da	8606
	00	Area Coue Da	ytime Telephone Number
Englosed is a check for the			
☑ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEY WEST GIFTS	
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
	ity Company were filed on 07.08.19 and assigned
This amendment is submitted to amend the following	ığ:
A. If amending name, enter the new name of the	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Li
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 A	DDRESS)
Enter new mailing address, if applicable:	19 SEP
(Mailing address MAY BE A POST OFFICE BO)	\mathbf{x}_0 \mathbf{z}_0 \mathbf{z}_0 \mathbf{z}_0
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the frame of the no
Name of New Registered Agent:	
New Registered Office Address:	
-	

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

Type of Action **Address** <u>Title</u> Name Skochenko Vitalii 1819 Atlantic Blud #1 MGR □ Add Key West Fl 33040 ☐ Change Zhy Gun IANA MER 27C 10th Ave STOCK ISLAND, Fl 33040 ☐ Change □ Add Remove ఆ _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

				
				
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be price ote: If the date inserted in this block does not meet the appli	or to date of filing o icable statutory fi	r more than 90 days af ling requirements, t	ter filing.) Pur his date will	suant to 605,02 not be listed
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Signature of a member or put TAND Zh Typed or pro	9			

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Filing Fee: \$25.00