

L20000228654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

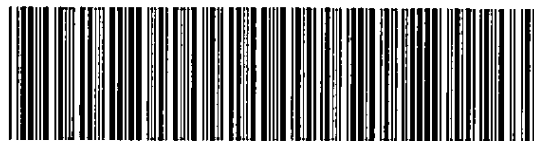
(Business Entity Name)

(Document Number)

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FILED  
2020 SEP 14 AM 7:05  
CLERK OF SUPERIOR COURT  
JANUARY 1, 1997

FILED

OCT 22 2020  
S. YOUNG

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Naples, Florida 34101-9440



Patrick H. Neale  
*Attorney at Law*

*Naples:*  
5470 Bryson Court Suite 103  
Naples, Florida 34109

*Marco Island (by appointment):*  
950 North Collier Blvd. Suite 400  
Marco Island, Florida 34145

September 11, 2020

State of Florida  
Registration Section  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

VIA FEDEX Tracking Number: 7715 0340 0462

Re: Golden Key Advisors LLC  
Document No.: L20000228654

Dear Sir/Madam:

Enclosed herewith please find Articles of Amendment to the above-named LLC, along with our check in the amount of \$55.00 representing the processing fee for the amendment and a certified copy.

Kindly process this change at your earliest convenience, returning the certified copy to the undersigned. Thank you for your attention to this matter.

Very truly yours,



Patrick H. Neale

PHN:jm

Enclosures: Amendment/ CK \$55.00

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Golden Key Advisors 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:

Patrick H. Neale

\_\_\_\_\_  
Name of Person

Patrick Neale & Associates

\_\_\_\_\_  
Firm/Company

5470 Bryson Court, Suite 103

\_\_\_\_\_  
Address

Naples, FL 34109

\_\_\_\_\_  
City/State and Zip Code

pneale@patrickneale.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Neale

239 642-1485  
at ( )

\_\_\_\_\_  
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**

Golden Key Advisors 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 July 30, 2020 and signed  
Florida document number L20000228654

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)

Golden Key Advisors

Wells Fargo Plaza, 333 SE 2nd Avenue, #2000

Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Golden Key Advisors

Wells Fargo Plaza, 333 SE 2nd Avenue, #2000

Miami, FL 33131

**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

**MGR = Manager**  
**AMBR = Authorized Member**


[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

1/2020



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**