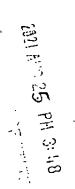
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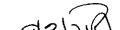
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bodanien Hamber)
Certified Copies Certificates of Status
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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	OLD TOWN	ZODEO LLO	C	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Scott	TAYLOR		
		Name of Person		
		ILD TOWN TO	20DEO LLC	
		Firm/Company		
		618 DUVAL	STREET	
		Address		
		KEY WEST	fi 37040	
	F.mail address (LAYAKEY WEST C	report notification)	
For further information c	concerning this matter, please c		(topy at invalidation)	
Scott	TAYLOR	at(30T_)_	395 - 0213 Daytime Telephone Number	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &	
Mailing Address: Registration Section		<u>Street A</u> Registr	ddress: ration Section	
Division of Corporations			on of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N	l. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

000	11:11:0	
(<u>Name of the Limite</u>)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, enter the names there: DARREN M. HURAN	me of the new registered
New Registered Office Address:	608 WHITEHEAD STATET Enter Florida street address	150
	KEY WEST, Florida	33040
	l 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE COLLAZO	6705 SHRIMP ROAD # 103	□Add
		KEY WEST, PL 33040	Kemove
			□Change
			□Add
			□Remove
			[]Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

Typed or printed name of signee