22000110844

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of 9/10/2022

COVER LETTER

TO: Registration Sec Division of Corp					
CAUD IP CT.	Florida For	5 Co-Paris	LLC		
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspoi	ndence concerning this matter	to the following:			
	Day	in Sanot			
	Lau	Name of Person Selvies (and PLCC		
	3006	Avadia Av	12 STE 3A		
		Address			
		20 mt sto	Ve PL 38183		
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
For further information co	oncerning this matter, please ca	ail:	- CP 1		
	in One	at Area Code Daytime	c Telephone Number		
Name of	Person	Area Code Daytina	receptione (value)		
Enclosed is a check for th	e following amount:				
525.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	ntian		
Registration S		Registration Sec			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2022 JULI 21 AM 9: 19

FLORIDA KEYS COMPANY LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	. 4
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000110844</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	obreviation "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 BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new registered
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

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>	<u>Address</u>	Type of Action
MGR	MARTA ANGULO		□Add
		MARTA ANGULO	🗏 Remove
			□Change
MGR	MARIA ANGULO	MARIA ANGULO	🗏 Add
		3006 AVIATION AVENUE STE 3A	□Remove
		COCONUT GROVE, FL 33133	□Change
MGR	LOUIS ANGULO	LOUIS ANGULO	= Add
		3006 AVIATION AVENUE STE 3A	□Remove
		COCONUT GROVE, FL 33133	□Change
MGR	Jeanette Jimenez	Jeanette Jimenez	≣ Add
		3006 AVIATION AVENUE STE 3A	□Remove
	•	COCONUT GROVE, FL 33133	□Change
			□Add
			🗀 Remove
			Change
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<u>ote:</u> If	the date inserted in	this block does	not meet the a	pplicable statu	tory filing requi	rements, this da	ite will not be listed
ocumen	t's effective date or	n the Departmen	t of State's rec	ords.			
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record s	pecifies a delayed	effective date, bu	it not an effect	ive rime, at 12	:01 a.m. on the e	earlier of: (b)	The 90th day after t
l is filed							
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