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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KEY WEST OFFSHORE AD	VENTURES, LLC	
		A 81 171 .
		Art of Inc. File
	_	LTD Partnership File
	-	Foreign Corp. File
	-	L.C. File
	_	Fictitious Name File
	_	Trade/Service Mark
		Merger File
	-	Art, of Amend, File
		RA Resignation
	-	Dissolution / Withdrawal
	_	Annual Report / Reinstatement
		Cert. Copy
	_	Photo Copy
	_	Certificate of Good Standing
		Certificate of Status
	_	Certificate of Fictitious Name
	_	Corp Record Search
	_	Officer Search
	_	Fictitious Search
Cianatura		Fictitious Owner Search
Signature	_	Vehicle Search
	· - 	Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pic	ck Up	Courier

TO: Registration Section **Division of Corporations**

SUBJECT:	KEY WES	r offshore adventure:	S, LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Richard M. Klitenick, Esq.			
			Name of Person		
		Richard M. Klitenick, PA			
			Firm/Company		
		1009 Simonton Street			
			Address		
		Key West, FL 33040			
		richard@rmkpa.com	City/State and Zip Code	<u> 1 1 1 </u>	····
			to be used for future annual repor	t notification)	
For further in	nformation c	oncerning this matter, please ca	all:		
Richard M. I	Clitenick		305 292-410		
	Name of	f Person	Area Code D.	aytime Telephor	ne Number
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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

DocuSign Envelope ID: 65A74A57-FBD2-4AEC-83B3-00A71D12A89B ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

FILED

KEY WEST OFFSHORE ADVENTURES, LLC

7022 NOV 29 AM 9: 0

(A Fig	orida Limited Liability Company)	TALLAHASSOTTYL
The Articles of Organization for this Limited Liabilit	y Company were filed on 10/13/2022	and assigned
Florida document number 1.22000439299		
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	limited liability company here:	
SANTORO'S KEY WEST OFFSHORE ADVENTURES	S, LLC	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		enter the name of the new registered
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my dut l agent as provided for in Chapter ered office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is
	-	

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 65A74A57-FBD2-4AEC-83B3-00A71D12A89B 11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
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ffective date, if other than the an effective date is listed, the date mus tote: If the date inserted in this ble	he specific and cannot be pr	ior to date of filing or i	option (option) nore than 90 days after file	ing.) Pur	rsuant to 6	505.0207 : isted as I
ocument's effective date on the Do			.5 requirement non a		not oc .	inca us
record specifies a delayed effective l is filed.	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90	th day a	fter the
ated November 29	2022 —Docusigned by: Paul Santoro	·				
	-bocusioned by: Paul Santoro					
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