L23000011651

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SECRULIANY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
	-	FIDENTIAL AND PROPRIETARY	INFORMATION	
CUBICOT	ST PRO EVENTS LLC			
SUBJECT:	Name of Li	mited Liability Company		_
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	PHILIP A COSTELLO			
		Name of Person		_
	KEW WEST PRO EVEN	TS LLC		
		Firm/Company		
	1207 FLORIDA ST			2023 5 E
		Address		2023 FEB
	KEY WEST, FL 33040			B-6
		City/State and Zip Code	 -	
	jhael92gonzalez@gmail.co	m		AM 8: 28 OF STATE
	E-mail address:	(to be used for future annual re	port notification)	28 FL
For further information of	concerning this matter, please o	call:		m w
PHILIP A COSTELLO		786 431-6	6265	
Name o	f Person		Daytime Telephone Numb	рет
Enclosed is a check for t	ne following an ount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fce & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	Filing Fee, eate of Status & ed Copy al copy is enclosed)
Matter Addis-		د د د مـــد		
Mailing Addres Registration S		<u>Street Addı</u> Registrati	ress: on Section	
Division of C			of Corporations	
P.O. Box 632			e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEY WEST PRO EVENTS LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 01/05/2023	and assigned
Florida document number L23000011651		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal effices address, if applicable:		2023 SF1
(Principal office address MUST BE A STREET ADDRESS)		
		SECT A
Enter new mailing address, if applicable:		m _s o
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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	JHAEL A GONZALEZ	1207 FLORIDA ST	■Add
		KEY WEST, FL 33040	□Remove
			□Change
			□Add
			□Remove
		 	Change
			□Add
			Remove Remove Grange Grange
			SSIATE BOOK
		· -	
			□Remove
			□Change
			□Add
			□Remove
			Change

Contract Contract

Signature of a member or authorized representative of a member	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 teet the applicable statutory filing requirements, this date will not be listed a tate's records. an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the						_
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