## M14000009329

(Re	questor's Name)	<del></del>
DA)	dress)	
———(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



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(premy)

### **COVER LETTER**

	gistration vision of (	Section Corporations		14 #
SUBJECT	EKS Κ	ey West, LLC		
		Name of Foreig	gn Limited Lia	bility Company
Dear Sir o	r Madam:			
The enclos	sed applic	ation, certificate and fee(s	) are submitted	for filing.
Please retu	ırı all cor	respondence concerning th	nis matter to the	e following:
Sandra May	'er			
	<del></del>	Name of Person		_
Absolut Ma	nagement (	Company		
		Firm/Company		_
43 South W	ater Street	East		
		Address		_
Fort Atkinso	on, WI 535	338		
		City/State and Zip Cod	le	_
sandy@ame	ifaw.com			
E-mail a	iddress: (t	o be used for future annua	l report notific	ation)
For further	informat	ion concerning this matter	, please call:	
Sandra May			920 at (	568-9870
	Nan	ne of Person	Area Cod	e & Daytime Telephone Number
	iling Addr			Street Address:
	gistration			Registration Section
	vision of D. Box 63	Corporations		Division of Corporations The Centre of Tallahassee
		, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	iclosed is	a check for the following	g amount:	
□\$25 Fili	ng Fee	■ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Certified (	Copy Certificate of Status &
CR2E055 (9/	15)			Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida	Department of
State: EKS-Key West, LLC	"
Enter new principal office address, if applicable:	
(Principal office address	<u>C-</u>
MUST BE A STREET ADDRESS)	700 J. 23 E. 9: 24
Enter new mailing address, if applicable:	9
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	¥
2. The Florida document number of this limited liability company is: M14000008	329
3. Jurisdiction of its organization: Wisconsin	
4. Date authorized to do business in Florida: 11/18/14	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: KW Casa Margarita, LLC	
(must contain "Limited Liability Co	ompany, " "L.L.C., ' or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting copy of the written consent of the managers or managing members adopting the a must contain "Limited Liability Company," "L.L.C." or "LLC.")	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered officer address on our record registered agent and/or the new registered office address here:	ds, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	la Street Address
Enter rioru	
City	Florida 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.

"itle/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	□Remo
			□Add
			□Remo
			Add
			□Remo
		<del></del>	□Add
			□Remo
			□Add
aforementioned am	he law of which this entity is organi	he official having custody of records i	□Remo

Filing Fee: \$25.00

DFI/CORP/30 DOCUMENT 2011

#### United States of America

#### State of Wisconsin



#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

PATTI EPSTEIN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

hery Remy

By: Sheryl Remy

Patti Gostin

Date: 1/27/21



## Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

### Corporations Bureau

Organization was adopted by the vote required under s. 183.0404

(2).

## Form 504 - Limited Liability Company Articles of Amendment

Name of Limited Liability Company	
Entity Name or Entity Id:	EKS-KEY WEST LLC Entity ID: E042936
Entity Name Amendment	
The text of the amendment to the articles of organization amends the name of limited liability company:	Yes
The Name of the LLC is amended to be:	KW Casa Margarita, LLC
Registered Agent Name Amendment	
The text of the amendment to the articles of organization amends the name of the Registered Agent:	No No
The Registered Agent name is amended to:	
Name of Entity:	
Registered Agent Address Amendment	
The text of the amendment to the articles of organization amends the street address of the Registered Agent.	No No
The Registered Agent address is amend Street Address:	red to:
Address 2:	
City:	
State:	
Zip Code:	
Management Change	
The text of the amendment to the articles of organization amends the management of the Limited Liability Company:	No
The management of the limited liability company is:	(left blank)
Adoption	
Amendment(s) to the Articles of	Yes

Drafter '	
This document was drafted by:	Sandra Mayer
Signature	
Title:	Member
Date:	09/01/2019
I understand that checking this box constitutes a legal signature:	Yes
Signatory's Name:	Douglas V. Erdman
Delayed Effective Date (Optional)	
This document will be effective on the da unless a delayed (future) date is included (Optional) This document has a delayed effective date of:	
Contact Information (Optional)	
Name:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email Address:	sandy@amcifaw.com
Endorsement	
	FILED
Received Date:	09/03/2019