N12000006215

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SECRETARY OF STATE

C. LEWIS NOV 1 2013 EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ORIOLES	NEST KEY	WEST, INC
DOCUMENT NUMBER: N12000006	215	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
DAVID LEHMKUHL		
	(Name of Contact Person)
ORIOLES NEST KEY W	'EST	
	(Firm/ Company)	
800 ELIZABETH STREE	T	
	(Address)	
KEY WEST, FL 33040		
	(City/ State and Zip Code	2)
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please	call:	
DAVID LEHMKUHL	_{at} 201	,420-3311
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of 13 0CT 28 PM 1: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ORIOLES NEST KEY WEST, INC	TALEXIIA SEE. FLORIDA
(Name of Corporation as currently filed with the Florida Dept. of State)	
N12000006215	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not I</i> amendment(s) to its Articles of Incorporation:	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" or "incorporat "Company" or "Co." may not be used in the name.	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of Nam Pagistared, daynt. N/A

Name of New Registered Agent:	IVA	
New Registered Office Address:	(Florida street address)	
	, F	lorida(Zip Code)
		1-4

New Registered Agent's Signature, if changing Registered Agent:

(Principal office address MUST BE A STREET ADDRESS)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith. SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	TAMMY HERNANDEZ	1309 VILLA MILL STREET
X Remove			KEY WEST, FL 33040
2) Change	<u>P</u>	SAMUEL DANN	624 PETRONIA STREE
X Add			KEY WEST, FL 33040
Remove 3) Change	S,T_	DAVID LEHMKUHL	800 ELIZABETH ST
X Add			KEY WEST, FL 33040
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove	·		

. If amending or adding additional Art (attach additional sheets, if necessary).	(Re specific)	
(ander additional sheets, if necessary).	(Be specific)	
N/A		
<u> </u>		

APPROVED AND FILED

The date of each amendment(s) adopti	on: N/A	13 00.7 28 if other than the
date this document was signed.		SECRETARY OF
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	SECRETARY OF STATE TALLAHASSEE. FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes east for the	amendment(s)
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated 10/18/201	13	
Signature		
(By the chairman have not been se	or vice chairman of the board, president or other office lected, by an incorporator – if in the hands of a receiver inted fiduciary by that fiduciary)	
TAMMY HER	RNANDEZ	
S (Ty	ped or printed name of person signing)	
3	(Title of person signing)	_
	(Paragraphy)	