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N40091	
(Requestor's Name) (Address)	500435079745
(City/State/Zip/Phone #)	08/21/2401024004 ★★25.00 10/24/2401004021 ★★10.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2014 00
Special Instructions to Filing Officer. LLC NCI POFIT LNCCI KCF FOI M	T 21 11: 2: 26
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COVER LETTER

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	C	OVER LETTER	
TO: Registration Sec Division of Corp			
	Community Association, Inc.		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subm	utted for filing.	
	ndence concerning this matter to		
	Steve Adamczyk		
		Name of Person	
	Varnum Law		
		Firm/Company	
	4501 Tamiami Trail North,	Suite 350	
		Address	
	Naples, FL 34103		
		City/State and Zip Code	
	sjadamczyk@varnumlaw.co E-mail address: (t	om to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Steve Adamczyk		239 241-7384	
Name	of Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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 of Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration Division of P.O. Box 63	Section Corporations	<u>Street Address:</u> Registration Se Division of Co The Centre of	orporations
Tallahassee.			oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Key Marco Community Association	, inc.	2721.007.01	
(Name of the Limite	d Liability Compan A Florida Limited Li	<u>y as it now appears on our records.</u> 24 ability Company)	1 2:26
The Articles of Organization for this Limited Liz Florida document number <u>N40091</u>	ability Company v		•
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabil	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	·	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or r agent and/or the new registered office addre	egister e d office a <u>ss here</u> :	addr e ss on our records, <u>enter the n</u> e	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:	4501 Tamiami	Trail North, Suite 350	

Enter Florida street address

Naples _____, Florida 34103 _____ 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

. .

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AMBR = Aut	horized Member		
Title	Name	Address	Type of Action
Director	Narath, Pierre	1078 Blue Hill Creek Drive Marco Island, FL 34145	🗆 Add
			🛛 Remove
			Change
Secretary	Esposito, Jean	875 WHISKEY CREEK DRIVE MARCO ISLAND, FL 34145	(]Add
			🛛 Remove
			□Change
Director	McKendrick, Dean	786 Whiskey Creck Drive Marco Island, FL 34145	ØAdd
			🗆 Remove
			🗆 Change
Secretary	Dobre, Joya	4 Burns Road West Harrison, NY 10604	ØAdd
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
		·	Change
<u> </u>			🗆 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ive date, if other than the date of filing:	(optional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	August 1	6th;	, 2024	
	<u>di</u>	Yun	hick	- 1
		Sign	ature of a member or	authorized representative of a member

Herb Krutisch, President

Typed or printed name of signce

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

Key Marco Community Association, Inc.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Adamczyk

Name of Person

Varnum Law

Firm/Company

4501 Tamiami Trail North, Suite 350

Address

Naples, FL 34103

City/State and Zip Code

sjadamczyk@varnumlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Key Marco Community Association, In	с.	
(Name of the Limited L	iability Company as it now appears on our records. Iorida Limited Liability Company)	2024.COT 24 1.11 2:2
The Articles of Organization for this Limited Liabil Florida document number <u>N40091</u>	ity Company were filed on September 20, 1990	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "1L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter (</u> <u>nere</u> :	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	4501 Tamiami Trail North, Suite 350	
New Registered Ornee Address.	Enter Florida street addres	5

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.

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Naples

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u>34103</u>

Zip Code

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: .

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
Director	Narath, Pierre	1078 Blue Hill Creek Drive Marco Island, FL 34145	🗆 Add
			Remove
			Change
Secretary	Esposito, Jean	875 WHISKEY CREEK DRIVE MARCO ISLAND, FL 34145	🗆 Add
			Change
Director	McKendrick, Dean	786 Whiskey Creek Drive Marco Island, FL 34145	🗹 Add
			🗆 Remove
			□Change
Secretary	Dobre, Joya	4 Burns Road West Harrison, NY 10604	ØAdd
			🗌 Removc
			Change
			🗆 Add
			🗆 Remove
			Change
	<u></u>		🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note	ctive date, if other than the date of filing:
If the rec record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	August 16th 2024

di	Pin	This is a second s	
	Sig	nature of a member or authorized representative of a member	

Herb Krutisch, President

Typed or printed name of signce

Merle Carrillo Legal Assistant to Steve J. Adamczyk, Esq. Varnum LLP

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Re: Missing \$10 for Key Marco Community Association, Inc.

It was a pleasure speaking with you last Monday, October 7. I truly appreciate your courtesy call and the assistance you provided.

I apologize for the delay in my response. Unfortunately, our office was closed due to Hurricane Milton, as we are located in an evacuation zone. I am pleased to inform you that we have reopened today.

n: Anissa Butle



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2024

STEVE ADAMCZYK 4501 TAMIAMI TRAIL NORTH SUITE 350 NAPLES, FL 34103

SUBJECT: KEY MARCO COMMUNITY ASSOCIATION, INC. Ref. Number: N40091

We have received your document for KEY MARCO COMMUNITY ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$10.00.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 824A00019023