

P000000098498

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE  
SECRETARY OF STATE  
14 FEB 24 PM 1:24

Amend/cc  
@ 2/24/14

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: KEY OCEAN PROPERTIES, 402, INC

DOCUMENT NUMBER: P00000098498

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN GRACIELA

Name of Contact Person

*Graciela Benjamin L. Kovan*

Firm/ Company

170 OCEAN LANE DR. # 402

Address

KEY BISCAVNE, FL. 33149

City/ State and Zip Code

GRACHIBENJAMIN03@HOTMAIL.COM

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

For further information concerning this matter, please call:

DAVID STONE

Name of Contact Person

at ( 305 ) 3740011

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$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

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attn:

IVINE

8502456897



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2013

BENJAMIN GARCIELA                      2nd mailing  
2519 GALIANO STREET  
SUITE 703  
CORAL GABLES, FL 33134

SUBJECT: KEY OCEAN PROPERTIES 402, INC.  
Ref. Number: P00000098498

We have received your document for KEY OCEAN PROPERTIES 402, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 613A00021573



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2013

BENJAMIN GARCIELA  
170 OCEAN LANE DR. #402  
KEY BISCAYNE, FL 33149

SUBJECT: KEY OCEAN PROPERTIES 402, INC.  
Ref. Number: P00000098498

We have received your document for KEY OCEAN PROPERTIES 402, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton  
Regulatory Specialist II

Letter Number: 613A00021573

Articles of Amendment  
to  
Articles of Incorporation  
of

KEY OCEAN PROPERTIES, INC.  
Name of Corporation as currently filed with the Florida Dept. of State  
P00000098498  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607, 1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments to its Articles of Incorporation.

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

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 New Registered Agent

(Florida street address)

New Registered Office Address: Florida (City) (Zip Code)

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

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SECRETARY OF STATE  
14 FEB 24 PM 1:24  
TALLAHASSEE, FLORIDA

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PT	BENJAMIN, GUILLERMO	170 OCEAN LANE DR. # 402
<input type="checkbox"/> Add			KEY BISCAYNE FL. 33149
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VD	KOVAR, DARIO	170 OCEAN LANE DR. # 402
<input checked="" type="checkbox"/> Add			KEY BISCAYNE FL. 33149
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	PD	BENJAMIN, GRACIELA	170 OCEAN LANE DR. # 402
<input type="checkbox"/> Add			KEY BISCAYNE FL. 33149
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: ABRIL 15, 2013

Effective date if applicable: ABRIL 15, 2013

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated ABRIL 15, 2013

Signature: \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

BENJAMIN, GRACIELA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)