

L02 000024133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

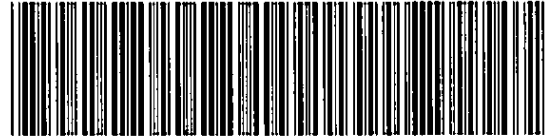
(Business Entity Name)

(Document Number)

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D. BRUCE
OCT 08 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEY WEST TREASURE CHEST LLC

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:

DAVID PAUL HORAN

Name of Person

HORAN LAW

Firm/Company

608 WHITEHEAD STREET

Address

KEY WEST, FL 33040

City/State and Zip Code

David@horan.law

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

For further information concerning this matter, please call:

DAVID PAUL HORAN

Name of Person

305 294-4585
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL

KEY WEST TREASURE CHEST LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NEW ORLEANS TREASURE, INC.	608 WHITEHEAD STREET	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TREASURE SALVORS, INC.	1737 MARION RD	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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200 AUG 24 PM 5:00
SECURITY OFFICE
TALLAHASSEE, FL

2020 AUG 24 PM 5:00
SECURITY 6016
TALLAHASSEE FL

2020 AUG 24 PM 5:01
SECRET
TALLAHASSEE FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 17 2020

Paul Paul Hane
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00