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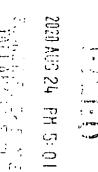
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC		T TREASURE CHEST LLC			
.,013.1.0		Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		DAVID PAUL HORAN			
			Name of Person		
		HORAN LAW			
		 	Firm/Company	 _	
		608 WHITEHEAD STRE	ET		
			Address		
		KEY WEST, FL 33040			
		David@horan.law	City/State and Zip Code		
		E-mail address: (to be used for future annual report notificat	ion)	
For furth	er information co	oncerning this matter, please c	all:	20 93	
DAVID	PAUL HORAN		305 294-4585	2029 AUG	ا: ا
•	Name of	Person	at () Area Code Daytime Te	ricphone Number 12, 2	e gurbant na and na
Enclosed	is a check for th	e following amount:		PH 5:	**************************************
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S		Street Address:	_	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 WEST TREASURE CHEST LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Lia	ibility Company)			
The Articles of Organization for this Limited Liability Company w Florida document number L02000024133	rere filed on <u>09/17/2002</u>	an	d assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviatio	on "L.l.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the na	me of th	e new	registered
Name of New Registered Agent:		17A	2020	
New Registered Office Address:		E A	4US 2	Fire and
	Enter Florida street address , Florida	Zip (100 100 100	il programa e 4 g
	City	Zip (ede	
New Registered Agent's Signature, if changing Registered Agent:		F15.	$\widehat{\Xi}$	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I an	i familia	r with	and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Address	Type of Action
MGRM	NEW ORLEANS TREASURE, IN	608 WHITEHEAD STREET	
		KEY WEST, FL 33040	□Remove
			□Change
MGRM	TREASURE SALVORS, INC.	1737 MARION RD	
		JACKSONVILLE, FL 32216	≡ Remove
			□Change
			□Remove
			Zighange AUGAdd
			□Change
			Remove
			□Change
			□Add
			□Remove
			☐ Change

	
	
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ective date, if other than the date of filing:	(antional)
i effective date is listed, the date must be specific and cannot be prior to date of filing or more t	than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	equirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	he earlier of: (b) The 90th day after the
AUGUST 17 2020	
red	
Y).00 11/	
Signature of a member or authorized representative of a	member