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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keys hospitality, 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:

Hansa Soni

Name of Person

Pelican Motel

Firm/Company

99340 Overseas Highway

Address

Key Largo, FL, 33136

City/State and Zip Code

hansavsoni@gmail.com

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

For further information concerning this matter, please call:

Hansa Soni

305

2929596

Name of Person

at (_____) _____
Area Code

Daytime 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 &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Ashish Soni	830 Truman Ave	☒ Add
		Key West, Fl,33040	☐ Remove
MGR	Tejas Soni	830 Truman Ave	☒ Add
		Key West, Fl 33040	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
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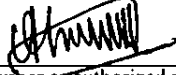
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Dec 12th, 2014



Signature of a member or authorized representative of a member

Hansa Soni

Typed or printed name of signee

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Filing Fee: \$25.00

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