

L15000125381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

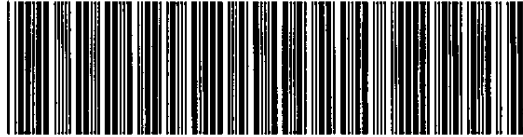
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2016
J SHIVERS

L15000125381

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Keys Venture Group, 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:

Tamera Gilliam

Name of Person

Keys Venture Group, LLC

Firm/Company

PO Box 4256

Address

Key West, FL 33041

City/State and Zip Code

tamigilliam@gmail.com

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

For further information concerning this matter, please call:

Tamera Gilliam

305 395-1358


at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" 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/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
AMBR	Angela L Hart	400 Whitehead, #4256	<input type="checkbox"/> Add
		Key West, FL 33041	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert G. Hart III	400 Whitehead, #4256	<input checked="" type="checkbox"/> Add
		Key West, FL 33041	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 April 7, 2016

Janera Gillian
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Tamera Gilliam

Typed or printed name of signee