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COVER LETTER

TO: Registration S Division of Co			
	s Shipwreck Treasures LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	-	to the est	
	Amendment and fee(s) are sub ondence concerning this matter	_	
ricase return air corresp	ondence concerning this matter	to the tollowing.	
	Taffi Abt		
		Name of Person	
	Mel Fishers Shipwreck Tro	easures LLC	
		Firm/Company	
	605 Simonton Street, Suite	: B	
		Address	
	Key West, FL 33040		
	 .	City/State and Zip Code	
	taffirabt@comcast.net		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Taffi Abt		772 473-6093 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se	ection
-	Corporations	Division of Co	orporations
P.O. Box 63		The Centre of	Tallahassee oc Street, Suite 810
Tallahassce,	FL 34314	2410 IN. MOIII	oc bacci, banc 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 17 PH 3: 08

Mel Fishers Shipwreck Treasures LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 3, 2019 and assigned Florida document number L19000146222 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: not applicable The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." 605 Simonton Street, Suite B Enter new principal offices address, if applicable: Key West, FL 33040 (Principal office address MUST BE A STREET ADDRESS) 605 Simonton Street, Suite B Enter new mailing address, if applicable: Key West, FL 33040 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___ New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	Address	Type of Action
AMBR	Kim Fisher	605 Simonton Street, Suite B, Key West, FL 33040	a Add
			Change
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locument's effective date on the Department of State's records.	_ (optional) ays after filing.) Pursuant to 605. ents. this date will not be liste	i.0207 cd as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli I is filed.	er of: (b) The 90th day after	r the
Oated October 5th 2023		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00