415000083907

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TO: Registration Sec Division of Corp					
SUBJECT: Ship	My Wrap Ad	ted Liability Company	<u></u>		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	Shinny We	<i>-</i>		TALL.	
	Fern Park, aiamais el	City/State and Zip Code VC. COM to be used for future annual report notifi	cation)	JUL 30 AM I	FILED
For further information co	oncerning this matter, please ca	all:	•	AN II: 25 FLORIDA FLORIDA	
Aleisha Tam	Person	at (<u>32</u>) <u>945-2</u> Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	ı

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skinny Wrap Adventures, LLC			
(Name of the Limi	ited Liability Compa (A Florida Limited l	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number <u>L15000083907</u>	Liability Company	were filed on May 12, 20	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
lamaio Adventures, LLC		<u> </u>	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		<u> </u>
Enter new mailing address, if applicable:		N/A	FILED AM
(<u>Mailing address MAY BE A POST OFFICE</u>	<u>EBOX)</u>		000 11: 000 12: 000 12:
B. If amending the registered agent and registered agent and/or the new registered of	office address her		ecords, <u>enter the name of the n</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	t address
			Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	<u> </u>	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my dui	ties, and I am familiar with and 🥏

If Changing Registered Agent, Signature of New Registered Agent

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 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
			Remove
			Change
<u>.</u>			
			Remove
			☐ Change
			□ Remove
		<u> </u>	Change D All LE D All Lanove LANASSEE, FLORIDA
			Change
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e: If the date inserted in this b	ust be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
record specifies a delaye he 90th day after the re	ed effective date, but not an effecti cord is filed.	ive time, at 12:01 a.m. on the earlier
ed	2018	
41 . 0	-	
Aleish Q	Signature of a member or authorized represen	tative of a member

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Filing Fee: \$25.00