

L17000083429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

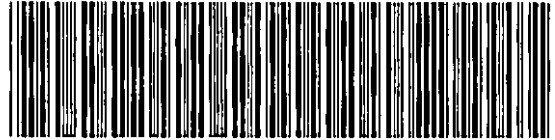
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500353095535

10/09/20--01008--023 \*\*25.00

2020 OCT -9 PM 4:38

FILED

NOV 16 2020

S. YOUNG

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CLUES, CLOCKS AND KEYS ESCAPE ROOMS L.L.C.**

\_\_\_\_\_  
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:

**JEREMY T SIMONS**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**8391 MATTHEW DRIVE**

\_\_\_\_\_  
Address

**NEW PORT RICHEY, FLORIDA 34653**

\_\_\_\_\_  
City/State and Zip Code

**CLUESCLOCKSandKEYSFL@GMAIL.COM**

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

For further information concerning this matter, please call:

**JEREMY T SIMONS**

**727**

**858-9020**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

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**

CLUES, CLOCKS AND KEYS ESCAPE ROOMS L.L.C.

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

**FILED**  
2020 OCT -9 PM 3:38  
CLERK OF THE COURT  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/13/2017 and assigned  
Florida document number L17000083429.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

DAN SWANSON  
1517 2ND STREET SE  
ST. CLOUD, MN 56304

**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: JENNI SWANSON

New Registered Office Address: 606 SPECK COURT

Enter Florida street address

TAMPA, Florida 33613

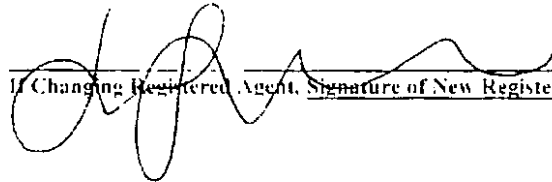
City

Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
VP	JEREMY T SIMONS	3220 COLUMBUS DRIVE	<input type="checkbox"/> Add
		HOLIDAY, FLORIDA 34691	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	KIMBERLY HAMM	8391 MATTHEW DRIVE	<input type="checkbox"/> Add
		NEW PORT RICHEY, FLORIDA 34653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAN SWANSON	1517 2ND STREET SE	<input checked="" type="checkbox"/> Add
		ST. CLOUD, MN 56304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

