

L17000128926

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2019 FEB 21 PM 4:15
SECURITY DEPARTMENT
FALLAHASSER, FLORIDA

02/21/19
01:00:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seminole Wind Air Boat Tours LLC.
Name of Limited Liability Company

2019 FEB 21 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Mills
Name of Person

Seminole Wind Air Boat Tours LLC
Firm/Company

1399 NE Brownville St.
Address

Arcadia, FL 34266
City/State and Zip Code

Seminolewindairboat-tours@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Mills at (863) 303-4724
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Seminole Wind Air-Boat Tours LLC

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

2019 FEB 21 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6-13-17 and assigned
Florida document number L17000128926.

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)

1397 NE Brownville St.
Arcadia, FL 34266

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1397 NE Brownville St.
Arcadia, FL 34266

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:

1397 NE Brownville St.

Enter Florida street address

Arcadia

City

Florida

34266

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>
AMBR AMBR	David Mills	1397 NE Brownville St.	<input type="checkbox"/> Add
		Arcadia, FL 34266	<input checked="" 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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

When remove David Mills, his 25% will be given to Amy Mills 1397 NE Brownville St Arcadia FL 34266, which will make her MGR, and registered agent w/ 50% ownership.

recap...

Cotton Mills mgr 25%

Hannah Mills mgr 25%

Amy Mills mgr 50%

[Handwritten signature]

E. Effective date, if other than the date of filing: 12/31/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Jan 10, 2019.

[Handwritten signature]

Signature of a member or authorized representative of a member

Amy Mills

Typed or printed name of signee