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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

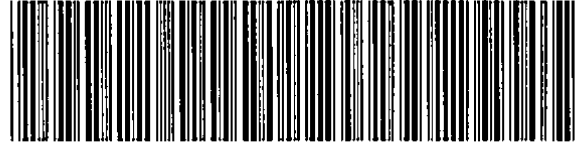
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seminole Wind Air Boat Tours 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:

Amy Mills
Name of Person

Seminole Wind Air Boat Tours LLC
Firm/Company

1397 NE Brownville St.
Address

Arccadia, FL 34266
City/State and Zip Code

seminolewindairboatstours@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 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

Simonde Wind Airboat Tours 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 6/13/2017 and assigned
Florida document number L17000128926.

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This amendment is submitted to amend the following:

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

- NOT -

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 (same)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1397 NE Brownville St. (same)
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:

Amy Mills (same)

New Registered Office Address:

1397 NE Brownville St.
Enter Florida street address

Arcadia, Florida 34266
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.

Amy Mills
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	Cotton Mills	5228 NE Country Ranches Rd Arcadia, Fl. 34266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Hannah Mills	5228 NE Country Ranches Rd Arcadia, Fl. 34266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	David Mills	1397 NE Brownville St Arcadia, Fl. 34266	<input checked="" 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

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

Removing Colton 25% and Hannahs 25%
to David Mills making his 50%.

E. Effective date, if other than the date of filing: 3/10/2019 (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 3/10/2019

Amy Mills
Signature of a member or authorized representative of a member

Amy Mills
Typed or printed name of signee