L06000123079

(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

300114756933

01/22/08--01016--010 **30.00

FILED
08 JAN 22 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CA Thomas JAN 23 2008

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SAM-JR. ASSOCIATES, 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:

MITCHELL J SCHULTZ
(Name of Person)

XTRAORDINARY ADVENTURES, LLC
(Firm/Company)

9070 KIMBERLY BVLD, STE 101
(Address)

BOCA RATON, FL 33434
(City/State and Zip Code)

FILED
08 JAN 22 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MITCHELL J SCHULTZ at (561) 665-7523
(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

SAM-JR. ASSOCIATES, 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 DEC 28TH, 2006 and assigned Florida document number L06000123079

This amendment is submitted to amend the following:

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

XTRAORDINARY ADVENTURES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

FILED
08 JAN 22 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MITCHELL J SCHULTZ

New Registered Office Address: 9070 KIMBERLY BLVD, STE 101
(Enter Florida street address)

BOCA RATON, **Florida** 33434
(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 608, 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.

Mitchell J Schultz

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	ANDREW GLODSTEIN	16329 MIRA VISTA DRIVE DELRAY BEACH, FL 33466	☐ Add ☑ Remove
MGRM	RAFIE MERZEL	16329 MIRA VISTA DRIVE DELRAY BEACH, FL 33466	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
08 JAN 22 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The primary purpose of the company is for entertainment, promotion and tourism.

Dated _____

Signature of a member or authorized representative of a member

MITCHELL J SCHULTZ
Typed or printed name of signee

Filing Fee: $25.00