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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Adventives D. b. Academy UC 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:	
Herro Evans Name of Person	
Adventures by sacademy	
1828 Grand Rue Drive	
Casselberry FL 3000 City/State and Zip Code H. EVOUS O ON VENTURES Y US accordingly. Con E-mail address: (to be used for future annual report notification)	\cap
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{So.00 Filing Fee & Certified Copy} \\ \text{(additional copy is enclosed)} \text{Certified Copy} \\ \text{(additional copy is enclosed)}	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Li	ability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on <u>June 3, 2019</u> and assigned
This amendment is submitted to amend the following	ng:
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 A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida 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>	Name	Address	Type of Action
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Filing Fee: \$25.00