L01000017094

(Requestor's Name)	
(Address)	
. (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Dooming, Control of the Control of	
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2011 DEC 14 AM 9: 45
SECRETARY OF STATE

F. HAMPTON

GEORGE 2011

EXAMPLE -

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Exotic E	Incounters LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Stanban B Wagner	
		Stephen P Wagner Name of Person	
	<u>E</u>	xotic Encounters LLC	
		Firm/Company	
		50 Broussard Rd	
		Address	
		City/State and Zip Code	
	Stev		
	E-mail address: (e@AdventureRCS.com to be used for future annual report notifical	tion)
For further information	concerning this matter, please of	all:	
Ster	ohen P Wagner	at (321) 86	63-2411
Name of Person		Area Code & Daytime T	elephone Number
Enclosed is a check for t	he 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



RECEIVED

11 DEC 14 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 28, 2011

STEPHEN P WAGNER 50 BROUSSARD RD ST CLOUD, FL 34773

SUBJECT: EXOTIC ENCOUNTERS, LLC

Ref. Number: L01000017094

We have received your document for EXOTIC ENCOUNTERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 911A00026615

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 DEC 14 AM 9: 45

EXOTIC E (Name of the Limited Liability C (A Florida Lin	ncounters LLC Company as it now appears on nited Liability Company)	our records. AR	Y UF STATE SEE. FI ORINA	
The Articles of Organization for this Limited Liability Con		0/01/2001	and assigned	
Florida document numberL01000017094			·· -	
This amendment is submitted to amend the following:	,			
A. If amending name, enter the new name of the limite	d liability company here:			
Adventure Ride C	oncepts & Systems LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," (he designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	4925 Rosewood L	.n		
(Principal office address MUST BE A STREET ADDRE	SS) Melbourne, FL 32	940		
				
Enter new mailing address, if applicable:	4925 Rosewood L	n		
(Mailing address MAY BE A POST OFFICE BOX)	Melbourne, FL 32	Melbourne, FL 32940		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ecords, enter t	he name of the new	
Name of New Registered Agent:				
New Registered Office Address: 4925 Re	osewood Ln			
	Enter Fl	orida street add	ress	
	Melbourne	, 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 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.

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 Type of Action** Address ☐ Add Remove ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ Ignature of a member of authorized representative of a member

Page 2 of 2

Stephen

Filing Fee: \$25.00

Typed or printed name of signee