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**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Croot	(ed Creek Hu (Name of Lim	บ+เ็พฐ Adventures ited Liability Company)	, LLC
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	GUY A. W	illard	
		(Name of Person)	
	Crooked Cr	eek Adventures, (Firm/Company)	LLC
	390 CR 17	A EAST (Address)	O8 OCT
	AUON PA	rK Florida 338 (City/State and Zip Code)	TIG BH 3: ARY OF STA SSEE, FLOOR
For further information co	oncerning this matter, please o	all:	3: 39 ATE RIDA
Guy A. W	illard	at (863) 452 - 22 (Area Code & Daytime T	99
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	NC ADDDESS.	CTDEET/COIDLED	ADDDECC.

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 OF

Crooked Creek HUNTING Adventures, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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ADDRESS)	AUON	PARK FI	a. 33825	
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oper and con ered agent of gistered off nange.	mplete performan as provided for in ice address, I hen	nce of my dutie. Chapter 608, reby confirm th	s, and I am familiar wit F.S. Or, if this docume at the limited liability	h and
	ing:  the limited limi	ing:  the limited liability company  ITUYES. LLC  the words "Limited Liability Company  ITUYES. LLC  the words "Limited Liability Company  ADDRESS)  AUON  registered office address of the address here:  GUY A. Will  390 County Road  AUON  Park  (City)  eistered Agent:  agent and agree to act in this oper and complete performance and agent as provided for in gistered office address, I here agent.  AUON  CL.  CL.  CL.  CL.  CL.  CL.  CL.  CL	ing:  the limited liability company here:  ITUYES. LLC the words "Limited Liability Company," the designates and Limited Liability Company," the designates and Limited Liability Company," the designates and Line and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the designates and Liability Company, "the designates and Liability Company, "the designates and Liability Company," the designates and Liability Company, "the Liability Company, "the Liability Company, "the Liability Company," the Liability Company, "the Liability Company, "the Liability	ing:    Section   Section

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Guy A. WillArd	390 County Road MA East Avon Park, Fla. 33875	Add Remove
MORM	Curtis J. Brown Ir.	107 Leona Drive Sebring, Florida 33875	Add Remove
			Add Remove
			Add Remove
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D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	<del></del>
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	-14.	T SSE	FILED OCT 16 PM
Dated <u>Oc</u>	to her 14th, 200	S - LORIDA	ED # 3 3 3
	Guy A. Willard	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00