

205000064291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

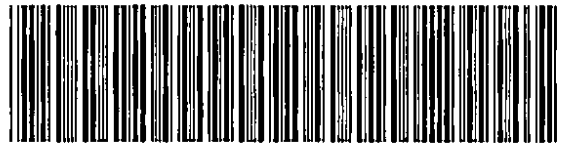
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/22--01022--010 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 20 PM 4:36

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Townsend Adventures 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:

Misty Townsend
Name of Person
Townsend Adventures LLC
Firm/Company
4398 Willerson Bluff Rd.
Address
Holt, FL 32564
City/State and Zip Code
mstadventures@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Misty Townsend at (850) 687 9753
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 20 AM 11:11

October 6, 2022

MISTY TOWNSEND
4398 WILKERSON BLUFF ROAD
HOLT, FL 32564

SUBJECT: TOWNSEND ADVENTURES LLC
Ref. Number: L05000064291

We have received your document for TOWNSEND ADVENTURES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 822A00020224

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 OCT 20 PM 4:36

Townsend Adventures LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/29/2005 and assigned
Florida document number LO5000064291

This amendment is submitted to amend the following:

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 ADDRESS)

4398 Wilkerson Bluff Rd.
Holt, FL 32564

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as principle

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:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
owner	Justin Rand	122 Swaying Pine Court	<input type="checkbox"/> Add
mgr		Crestview, FL 32539	<input checked="" type="checkbox"/> Remove
		and/or 310 Bayou Circle Freeport, FL 32439	<input type="checkbox"/> Change
mgr	Thomas A. McCoy III	94 Prophets Pkwy	<input type="checkbox"/> Add
		SRB, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ethan Townsend	4398 Wilkerson Bluff Rd	<input checked="" type="checkbox"/> Add
		Holt, FL 32564	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Landon Townsend	4398 Wilkerson Bluff Rd	<input checked="" type="checkbox"/> Add
		Holt, FL 32564	<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

2022 OCT 20 PM 4:36
SECURITY DIVISION
TALLAHASSEE, FL

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2022 OCT 20 PM 4:36
STEELEWAY CREDIT
TALLAHASSEE, FL

3-25-2022

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.

Dated 6-6, 2022

Misty Townsend owner

Typed or printed name of signee

Filing Fee: \$25.00