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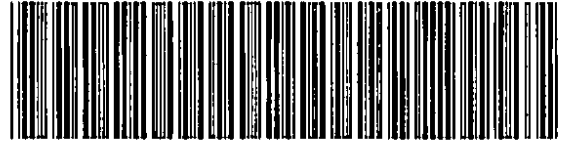
(Business Entity Name)

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NOV 04 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KISSIMMEE SWAMP TOURS, 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:

Mireille M. Makhoul
Name of Person

Murphy Reid, LLP
Firm/Company

11300 U.S. Highway One, Ste 401
Address

Palm Beach Gardens, FL 33408
City/State and Zip Code

mmakhoul@murphyreid.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mireille M. Makhoul 561 355-8800
Name of Person at () 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KISSIMMEE SWAMP TOURS, 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 March 12, 2007 and assigned Florida document number L07000026556.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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:

Nate Reed

New Registered Office Address:

4500 Joe Overstreet Rd.

Enter Florida street address

KENANSVILLE

City

Florida 34739

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>
AMBR	Robert J. Murchie	4500 Joe Overstreet	<input type="checkbox"/> Add
		Kenansville, FL 34739	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deborah K. Murchie	4500 Joe Overstreet	<input type="checkbox"/> Add
		Kenansville, FL 34739	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nate Reed	4500 Joe Overstreet Rd.	<input checked="" type="checkbox"/> Add
		Kenansville, FL 34739	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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