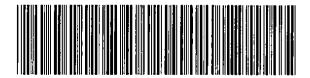
## 107000026556

- (Öz	equestor's Name)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Dc	ocument Number)	
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Certified Copies	_ Certificates of	Status
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

CHIDACOT	Swamp Tours, LLC		
SUBJECT.	Name of Lim	lited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Glenn Harris, Esq		
		Name of Person	
	Hensel, Bailey & Harris P.	A	
		Firm/Company	
	701 13th Street		
		Address	
	St. Cloud, FL 34769		
		City/State and Zip Code	<del></del>
	jen@wpvcpa.com		· ~ ~
	E-mail address: (	to be used for future annual report noti	ification)
For further information of	concerning this matter, please c	all:	; 1
Nathan Thomas Reed		407 436-1966 at ()	ل سـ
Name o	f Person	Area Code Daytim	ne Telephone Number
Facility of the state for all	h. 646		<u>.</u>
Enclosed is a check for the	-		
□ \$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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	rporations
rananassee,	1 D J2J17	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L07000026556	Company were filed on March 12, 2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		,
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del>.</del>
	ei	_
	, Florid	а

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
MGR	NATE REED	4500 JOE OVERSTREET RD.	□Add
		KENANSVILLE, FL 34739	≣Remove
			□Change
MGR NATE REED TRUST	NATE REED TRUST	4500 JOE OVERSTREET RD.	
		KENANSVILLE, FL 34739	□Remove
			□Change
			□Add
			Chánge
			□Add
			Remove
			□Change
			□ Add
			Remove
			Change
		<del></del>	🗖 Add
			□Remove
			Change

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ffective date if other than the date of filing:	nal)
ffective date, if other than the date of filing: (option an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after from the date of filing or more than 90 days after from the date of filing or more than 90 days.	iling.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
d is filed.	
pated $7-20$ . $2023$ .	
	. •
///all	_
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member  NATE REED	

Filing Fee: \$25.00