L07000052991

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HAR 1 2 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fort Huffstetler 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:
Tresha Paulatte Wilkins Name of Person
Fort Huffstetler Adventures
1150 W. Jefferson St. Address
Brooksville Fl 34601 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tresha Paulette Wilkirs at (352) 796-4100 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fort Huffste Her (Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L0700005299</u>	npany were filed on May 17, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and end with the words "Limite	ed 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 ADDRES	(22)
	ALL SEC
Enter new mailing address, if applicable:	FEB 26 AHASS
(Mailing address MAY BE A POST OFFICE BOX)	E P
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> is 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

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jesse David Whit	man 23227 Jacobson	RJ DAGG
		Brooksville F1 34	1601 □ Remove
<u>mgr</u>	Tresha Pauletta Hat	statlar	□ Add
			Z Remove
			
			□ Remove
			Remove
			FEB 2
			RY 01 Am
			S Remove
			Add
			Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

 	
effective date must be specific, canr	not be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, canre date this document is filed by the Fl	not be prior to date of receipt or filed date and cannot be more than 90 days after
fective date, if other than the elefective date must be specific, cannot be date this document is filed by the Flated 2-23	not be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00