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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

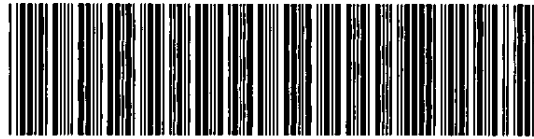
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Weekend Gator, 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:

GREGORY GOPMAN

(Name of Person)

Weekend Gator, LLC

(Firm/Company)

2010 NE 198 TERR

(Address)

MIAMI, FL 33179

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GREGORY GOPMAN at ( 305 ) 333-1917  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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**

Weekend Gator, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on October 2, 2007 and assigned document number L07000100030.

**SECOND:** This amendment is submitted to amend the following:


Sawgrass Tours, LLC

whose address is 12560 SW 12 Street, Davie, FL 33325

was admitted as a Manager/Member.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 22, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

GREGORY GOPMAN

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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