

LO80000026863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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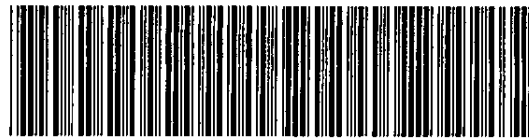
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 20 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EARTH HARBOR SOCIETY, 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:

Cris John Wenthur

Name of Person

Wenthur Law Group, LLP

Firm/Company

4121 Napier Street

Address

San Diego, CA 92110

City/State and Zip Code

cris@wenthurlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cris Wenthur

Name of Person

at (619)

398-9050 ext 201

Area Code & Daytime Telephone Number

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EARTH HARBOR SOCIETY, 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 03/14/2008 and assigned
Florida document number L08000026863

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CANADA ADVENTURE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5647 110TH AVENUE NORTH

ROYAL PALM BEACH, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4520 Grand Forest Drive

Schertz, TX 78154

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:

PACIFIC REGISTERED AGENTS, INC.

New Registered Office Address:

5647 110TH AVENUE NORTH

Enter Florida street address

ROYAL PALM BEACH

Florida

33411

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

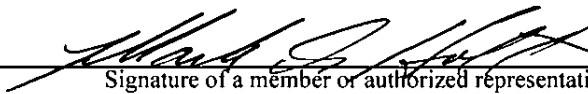
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--|--|
| MGRM | HOLT, MARK G. | 550 PORT O CALL WAY NAPLES FL 34106 US | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | HOLT, DIANE K. | 550 PORT O CALL WAY NAPLES FL 34106 US | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | CANADA, RONALD G. | 4520 GRAND FOREST DRIVE SCHERTZ, TX 78154 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 14, 2011


Signature of a member or authorized representative of a member

MARK G. HOLT, MANAGING MEMBER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA