

(Req	uestor's Name	)		
(Add	ress)			
bbA)	ress)			
(City)	/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	nme)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Fi	ling Officer:			

Office Use Only

G. MCLEOD

NOV - 9 2011

**EXAMINER** 



200213857842

**非形**力

11/08/11--01011--010 \*\*25.00

11 NOV -8 PM 4:44

## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Name of Lim	Iventures, LLC ited Liability Company				
Name of Lim					
endment and fee(s) are sul					
	omitted for filing.				
ence concerning this matter	to the following:				
	Landa Sue Watson				
	Name of Person				
L&D Adventures, LLC					
	Firm/Company				
1635 Oakhurst Avenue					
	Address	<del></del>			
w	/inter Park, FL 32789				
	City/State and Zip Code				
landa E-mail address: (i	asuewatson@gmail.com to be used for future annual report notification	on)			
erning this matter, please o	all:				
Sue Watson	at (_407_) 222	2-9998			
rson	Area Code & Daytime Tel	ephone Number			
ollowing amount:		•			
•	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
n Section	STREET/COURIER A				
	landa E-mail address: (i erming this matter, please concerning this matter, please concerning this matter, please concerning this matter.)	L&D Adventures, LLC Firm/Company  1635 Oakhurst Avenue Address  Winter Park, FL 32789 City/State and Zip Code landasuewatson@gmail.com E-mail address: (to be used for future annual report notification erning this matter, please call:  Sue Watson rson  at (407) Area Code & Daytime Tell  Slowing amount:  \$\$30.00 Filing Fee & Certificate of Status  Certificate of Status  \$\$S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$\$ADDRESS: In Section  STREET/COURIER AREgistration Section			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	L&D Adven Liability Compa Florida Limited I	tures, LLC ny as it now appears on e liability Company)	our records.)	<del></del>	
The Articles of Organization for this Limited Li Florida document number L08000045		were filed on Ma	ay 06,2008	and assigned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
R	onlanda Adve	entures, LLC			
The new name must be distinguishable and end wit 'L.L.C."	h the words "Limi	ted Liability Company," t	he designation "L	LC" or the abbrevi	atio
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREET ADDRESS)		4493 South Atlant	ic Avenue, #	<b>10</b> 3: <u>-</u>	_
		New Smyrna Bea	ch, FL 3216		
Enter new mailing address, if applicable:		4493 South Atlant	ic Avenue, #	AAR AAR	
Mailing address MAY BE A POST OFFICE BOX)		New Smyrna Bear	ch, FL 32169		_
			2		
B. If amending the registered agent and/oregistered agent and/or the new registered of			ecords, <u>enter ti</u>	ne name of the	new
Name of New Registered Agent:					
New Registered Office Address:	4493 S Atla	ntic Avenue, #503			····
		Enter Flo	orida street addr	ess	
	New S	Smyrna Beach	, Florida	32169	_
		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>	Name	Address	Type of Action
MGR	Dennis B Thomas	1635 Oakhurst Avenue Winter Park, FL 32789	Add Remove
MGR	Ronald J. Grutz	4493 S Atlantic Avenue, #503 New Smyrna Beach, FL 32169	
			Add Remove
	<del>-</del>		Add Remove
<del></del>	<del>.</del>		Add Remove
			Add Remove
D. If ar	mending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
	Mailing address for MGR Landa	Sue Watson is now:	
	4493 S. Atlantic Avenue, #503  New Smyrna Beach, FL 32169		<del>-</del>
Dated _	November 3	2011 .	_
	Signature of a me	ember or authorized representative of a member	<del></del>
		Landa Sue Watson  yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00