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SECRETARY OF STATE
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COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Adventures Aboun	d at Portofino Island,	LLC	
		Name of Lim	ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		D	Dana C. Matthews, Esq. Name of Person		
			Name of Person		
Ma			tthews & Hawkins, P.A.		
			Firm/Company		
4475 Legendary Drive					
			Address		
	Destin, FL 32541				
			City/State and Zip Code		
		E-mail address: (atthews@destinlaw.com to be used for future annual report not	tification)	
For fur	ther information	concerning this matter, please c	•		
	Dan	a C. Matthews	at (_ 850)	837-3662	
	Name	of Person	Area Code & Dayti	me Telephone Number	
Enclose	ed is a check for t	he 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)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Adventure (Name of the Limite	es Abound at Portofino Isla <u>d Liability Company as it now appear</u> A Florida Limited Liability Company)	s on our records.	HASSEE, FLORIDA			
The Articles of Organization for this Limited I Florida document number		10/27/2008	and assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liability company here	ૄ:				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if appli	cable:		.			
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	<u> </u>					
B. If amending the registered agent and registered agent and/or the new registered o		ur records, <u>enter</u>	the name of the new			
Name of New Registered Agent:	Dana C. Matthews, Esq.					
New Registered Office Address:						
		er Florida street add				
	Destin City	, Florida	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, Stgnature 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 Title Type of Action Name **Address** Evans, Treva M. MGRM 116 Country Club Drive ☐ Add Niceville, FL 32578 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 19 Dated_ Signature of a member or authorized representative of a member Dana C. Matthews

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00