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SECHETARY OF STATE
ARIASSEE, FLORIDA

T. CLINE

FEB 2 6 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		•		
SUBJECT:	The Seguar / (Name of Limit	Adventure, LLC ted Liability Company)		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Je	an VARN (Name of Person)		
	The Sebus	S Adverte, UC (Firm/Company)		
	7304 5	t. Vincent St.		
	TAN	MPA, F1 33614		
		(City/State and Zip Code)	2008 TAL	
For further information co	ncerning this matter, please ca	ili:	THE TEN	in it
<u>Jean</u> (Name of	(YALW) (Person)	at (<u>813)</u> 374-72 (Area Code & Daytime Te	177 225 Rephone Number) 177 178	
Enclosed is a check for the	e following amount:	·	lephone Number)	^a r.m
\$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

The Segway	Adventure LL	C
(Name of the Limited Liabi (A Florid	ity Company as it now appears o la Limited Liability Company)	<u>n our records.</u>)
The Articles of Organization for this Limited Liability		2/#/09 and assigned
Florida document number	744	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
	duenture, LL	2.
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company, -	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	,
		77 SET 109
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		25
		1.58 jo
B. If amending the registered agent and/or reg		records, enter the name of the new
registered agent and/or the new registered office a	<u>aaress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	· <u> </u>	
	(Enter	Florida street address)
	(City)	, Florida(Zip Code)
	(3.7)	(2.7 00.0)

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 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

	<u>Name</u>	Address	Type of Act
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meno	ling any other information, enter c	hange(s) here: (Attach additional sheets, i	f necessary.) BR
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Page 2 of 2

Filing Fee: \$25.00