

L09000620733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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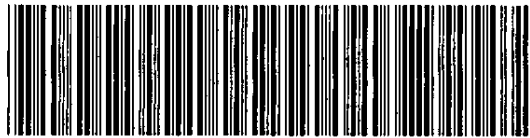
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 20 AM 11:47

T. HAMPTON  
MAR 23 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARATOUR, USA, 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:

~~Eric Dufour~~ ERIC DUFOUR  
(Name of Person)

Paratour, USA, LLC  
(Firm/Company)

23706 Tex Wheeler Road Christmas, Florida 32709  
(Address)

Christmas, Florida 32709  
(City/State and Zip Code)

For further information concerning this matter, please call:

Albert Eberhardt AND at ( 772 ) 201 8234  
(Name of Person) (Area Code & Daytime Telephone Number)

X ERIC DUFOUR

at 352-461-6723

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**

**PARATOUR, USA, 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 03/03/2009 and assigned  
Florida document number 1090000020733.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

23706 Tex Wheeler Road

Christmas, Florida, 32709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23706 Tex Wheeler Road

Christmas, Florida, 32709

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**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:

Eric Dufour

ERIC DUFOUR

New Registered Office Address:

23706 Tex Wheeler Road

(Enter Florida street address)

Christmas

(City)

, Florida 32709

(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>
MGR	Albert E Eberhardt, PPG	525 SW California Ave. Stuart, Florida 34994	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Eric Defour <u>ERIC DUFOUR</u>	23706 Tex Wheeler Road Christmas, Florida 32709	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated March 16, 2009

Albert E Eberhardt, PPG

Signature of a member or authorized representative of a member

Albert E Eberhardt, PPG

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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