

109000075585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

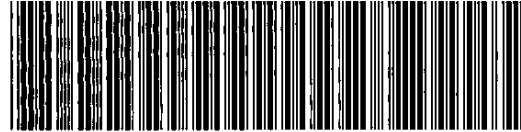
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 4 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WE TALK TOURS 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:

JOHN ALEX KING

Name of Person

WE TALK TOURS LLC

Firm/Company

120 COCONUT DRIVE

Address

FORT MYERS BEACH FL 33931

City/State and Zip Code

AKING@WETALKTOURS.COM

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

For further information concerning this matter, please call:

JOHN ALEX KING

Name of Person

at (404) 630-6320

Area Code & Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV - 3 AM '11

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

WE TALK TOURS 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 8/5/2009 and assigned
Florida document number L09000075585

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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10 NOV -3 AM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

N/A

New Registered Office Address:

Enter Florida street address

, Florida

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:

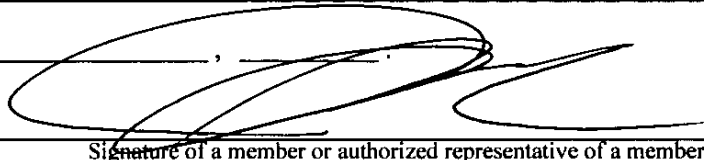
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	JOSHUA CAMP	837 COOK COURT Brentwood TN 37027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	(Formerly: 700 SPANNER AVE BLOOMING AL 35630)		<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

JOHN ALEX KING

Typed or printed name of signee

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10 NOV - 3 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment to the Articles of Organization

For We Talk Tours LLC (an Florida LLC)

FL Doc # L09000075585
EIN # 270659670

Date: October 29, 2010

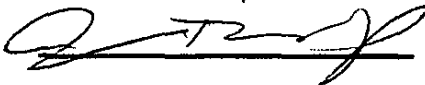
Amendment:

I John Alex King, as the managing member of We Talk Tours LLC, accept the dissolution and disassociation of Joshua Camp and ALL of his Members' Interest in We Talk Tours LLC. Upon execution of this Amendment, Joshua Camp will cease to own an interest in We Talk Tours LLC, equaling 0%.

Joshua Camp, agrees to cease from performing any activity on behalf of We Talk Tours LLC, provide all contact info and passwords to accounts that are property of We Talk Tours LLC and agree to not bound or represent We Talk Tours LLC in any way, shape or form effective on the signing of this agreement.

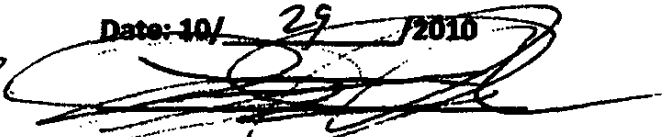
These declarations above will be added to the Articles of Organization for We Talk Tours LLC and shall be considered final.

Date: 10/ 29 /2010



Signed: Joshua Camp

Date: 10/ 29 /2010



Signed: John Alex King



10/29/2010

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10 NOV -3 AM 4:42
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TALLAHASSEE, FLORIDA