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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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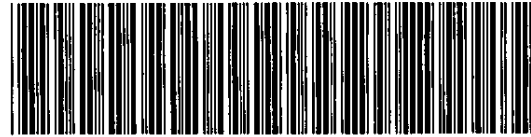
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Space Coast Kayaking 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:

James Durocher
Name of Person
Space Coast Kayaking
Firm/Company
310 McKinley Ave
Address
Cocoa Beach, FL 32931
City/State and Zip Code
jurocher@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Durocher at (321) 243-0279
Name of Person 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

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

Space Coast Kayaking 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 9-29-2009 and assigned
Florida document number L09000094300

This amendment is submitted to amend the following:

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

Same

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)

2721 Winchester Dr.
Cocoa FL 32926

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2721 Winchester Dr
Same
Cocoa FL 32926

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:

Phil A. Galloway

New Registered Office Address:

2721 Winchester Dr ~~FL~~ FL

Enter Florida street address

Cocoa, Florida 32926
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.

Phil A. Galloway
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	James Durocher	310 McKinley Ave	<input type="checkbox"/> Add
		Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Remove
MGRM	Jared Paima	355 Needle Blvd	<input type="checkbox"/> Add
		Merritt Island, FL 32953	<input checked="" type="checkbox"/> Remove
MGR	Phil A. Galloway	2721 Winchester Dr	<input checked="" type="checkbox"/> Add
		COCOA, FL 32926	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

None

Dated December 3, 2013.

James Durocher
Signature of a member or authorized representative of a member

James Durocher
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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