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L. SELLERS

JUN 17 2010

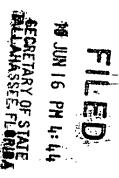
**EXAMINER** 

Office Use Only



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06/16/10--01018--010 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Keys Parasail 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:
Saburi Boyer  Name of Person
Florida Keys Parasail
4357 Thorn Crest
Traverse City, WI M684
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sabus Boyer at 31, 342-2912  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\ \text{Solution}\$\$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Certified Copy} \ (additional copy is enclosed) \$\ \text{Certified Copy} \ (additional copy is enclo

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

A Flori	da Keys Pa	irasail L	.CC
	ability Company as it now ap orida Limited Liability Compa		, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liabi		11-13-2000	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		4
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	-	S P P
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address e address here:	on our records, ente	the name of the new
Name of New Registered Agent:	Saburi Be	oyer	
New Registered Office Address:	1265 OID	Stickney Enter Florida stren	HJ- RA
	Suasole	, Florida	010:10
	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 Title Name <u>Address</u> Type of Action ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 6-2-2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00