

FEB-16-2010 TUE 11:21 AM
Division of Corporations

FAX NO. (954) 617-6383

01

Page 1 of 1

L1 0000004376

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000034491 3)))



H100000344913ABOW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

#990601.0007

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: boris@fortlauderdale.ducktours.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DUCK TOURS SOUTH BEACH, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

RECEIVED

10 FEB 16 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 16 AM 8:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

FEB 17 2010

EXAMINER

H10000034491

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

DUCK TOURS SOUTH BEACH, 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 1/12/2010 and assigned
Florida document number L10000004376

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City Florida 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

H10000034491

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 16 AM 8:08

~~H10000~~ H10000034491

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:

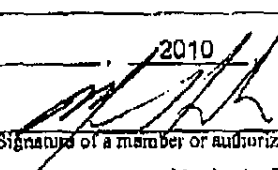
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Johanna W. Soto-Klauske	2600 Yacht Club Blvd Fort Lauderdale, FL 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Felicitas Naval	20281 NW R ST Pembroke Pines, FL 33029	<input type="checkbox"/> Add <input checked="" 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 February 4, 2010


Signature of a member or authorized representative of a member

Modesto B. Soto

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H10000034491

10 FEB 16 AM 10:08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS