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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Solution of Col			
ALLES AND COME	OURS SOUTH BEACH LLC		
SUBJECT:	Name of Lin	sited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELISEO NAVAL		
		Name of Person	
	DUCK TOURS SOUTH E	BEACH	
	<u> </u>	Firm/Company	
	20281 NW 8 STEET		~~? <u></u>
		Address	· · ·
	PEMBROKE PINES, FL.	33029	1
		City/State and Zip Code	1
	NAVALFELI@GMAIL.CO		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	ication)
ELISEO NAVAL		786 303-2560	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Sec	tion
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUCK TOURS SOUTH BEACH LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on JANUARY 13, 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 I	iability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability 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	2	
		<u>,</u>
	-	
Enter new mailing address, if applicable:		١ - ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	· ;
		122
		1.3
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the na	me of the new regist
Name of New Registered Agent:	.	
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MODESTO SOTO		□ Add
		2600 YACHT CLUB BLVD	≣Remove
		FORT LAUDERDALE, FL 33304	
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.

The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after distribution of a member of a printed name of signee.

COVER LETTER

TO:	Registration Se Division of Cor					
CUDIC		URS SOUTH BEACH LLC				
SUBJE	SUBJECT: Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
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Name of Person						
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			Firm/Company			
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			Address			
		PEMBROKE PINES, FL	33029			
	City/State and Zip Code					
		NAVALFELI@GMAIL.CO	DM to be used for future annual i	ruport notification)		~
For furt	ther information c	oncerning this matter, please co		героге поитеаноп)		
	O NAVAL			3-2560		! :
	Name o	f Person	Area Code	Daytime Telephon	e Number	
Enclose	ed is a check for th	ne following amount:				۰۰ ۱۵ ۱۵
□ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	losed)	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303