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EXAMINER

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations	20
SU BJ I	Name of Limited Liability Company	TA JAH I PARC.
The en	closed Articles of Amendment and fee(s) are submitted for filing.	N. S.
Please	return all correspondence concerning this matter to the following:	1
	Kristen Domanico Name of Person	-
	Fun PASS LCC. Firm/Company	-
	2941 Mingo Drive Address	-
	Land O Lakes, FL 34438 City/State and Zip Code	-
	TBFUNPASS @ GMAIL. (OM E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
 	Name of Person at () Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
□\$25	(additional copy is enclosed) Certifie	ate of Status &

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

OF FUN PASS U.C

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	7					
The Articles of Organization for this Limited Liability Company were filed on 2/2/2/10 and assigned Florida document number L1000021770.							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabi	lity company here:						
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:	P.O. Box 20234	1					
(Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 334	39					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		the name of the new					
New Registered Office Address:	Enter Florida street a	ldress					
	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
• MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Ryan Benson	2941 Mingo Drive Land O Wakes, FL 346238	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
Dated <u>J</u> Q	nuany 8, 201	<u> </u>	_
-	Kristen Do	or authorized representative of a member	
-	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00