

L10000065987

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DIVISION OF CORPORATIONS  
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N. Cullen MAY - 9 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Soul Standup Paddle Board Adventures 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:

Tim Tracy  
Name of Person  
Vanrose  
VAN ROSE ENTERPRISES Inc  
Firm/Company  
104 Bay Mar Dr  
Address  
Fort Myers Beach, FL 33931  
City/State and Zip Code  
Timothytracy@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Tracy at (319) 899 9586  
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**

Soul STANDUP PADDLE BOARD ADVENTURES 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 June 18<sup>th</sup> and assigned Florida document number L10000065987.

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)**

104 Bay Mar Dr.

Fort Myers Beach, FL 33931

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

104 Bay Mar Dr

Fort Myers Beach, FL 33931

**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:**

Van VanRose Enterprises Inc.

**New Registered Office Address:**

104 Bay Mar Dr

*Enter Florida street address*

Fort Myers Beach  
City

Florida

33931

*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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Laura LaValle	401 Harbor Ct. Fort Myers Bch, FL 33931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Anthony LaValle	401 Harbor Ct. Fort Myers Bch, FL 33931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Taylor LaValle	401 Harbor Ct. Fort Myers Bch, FL 33931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Colter LaValle	401 Harbor Ct. Fort Myers Beach, FL 33931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Timothy Tracy	104 Bay Mar Dr. Fort Myers Beach, FL 33931	<input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY - 6 PM 4: 06

Dated \_\_\_\_\_, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Taylor Jane LaValle  
\_\_\_\_\_  
Typed or printed name of signee