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EXAMINER



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COVER LETTER

Division of Co	rporations		
SUBJECT:	SEA LIFE A	DVENTURES, LLC	
SCENECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
		GARY GIBSON	
54	D- SEA	Name of Person	esuc
سر(۸	アンー> GIBSON	LIFE ADVENTUR	C
750		Firm/Company	——————————————————————————————————————
		6673 ENGRAM RD.	
		Address	
	NEW S	MYRNA BEACH, FL 32169	
		City/State and Zip Code	
	GIBSONBL	JSINESSSYTEMS@MSN.C	ОМ
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please	call:	
GA	RY GIBSON	at (386)	128-5666
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the	he 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

TO:

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

SEA LIFE A	DVENTURES, L	LC			
(Name of the Limited Liability C (A Florida Lir	nited Liability Company)	ars on our records.			
The Articles of Organization for this Limited Liability Cor Florida document numberL1000066228	mpany were filed on	JUNE 18, 201	0aı	nd assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company he	re:			
GIBSON BUSIN	NESS SYSTEMS, L	LC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	pany," the designation	"LLC" o	r the a	bbreviation
Enter new principal offices address, if applicable:	*		1		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		70		PKS.16
				<u></u> る	- automone.
			SEE		Carrier annual Carrier
Enter new mailing address, if applicable:				PH	Talled in
(Mailing address MAY BE A POST OFFICE BOX)			.07X	, ,	-
	·		V20 [11:	5	-
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, ente	r the na	me of	f the new
Name of New Registered Agent:					
New Registered Office Address:			11		
	Enter Florida street address				
	a:	, Florida ˌ		~ ,	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIKE DALY	130 WARSTEINER WAY #602 MELBOURNE BEACH, FL 32951	Add Remove
<u></u>			Add Remove
***************************************			Add Remove
			Add Remove
	•		AddRemove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
<u></u>			- -
	JANUARY 25	2011	-
	Jan	Mara	
		mber or authorized representative of a member GARY GIBSON /ped or printed name of signee	<u>_</u>

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Filing Fee: \$25.00