# L10000089241

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UL 22 2014 J. HARRIS

### **COVER LETTER**

`TO: Registration Section **Division of Corporations** Freshspiritadventures,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: Shari Riepe Name of Person Freshspiritadventures, llc 17524 Montessa Terrace Address Jacksonville, Florida 32226 City/State and Zip Code freshspiritadventures@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: shari riepe Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee &

#### MAILING ADDRESS:

Certificate of Status

□ \$25.00 Filing Fee

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

#### STREET/COURIER ADDRESS:

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Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freshspiritadventures,llc			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000089241</u> .	were filed on August 24, 2010	_ and assig	gn <b>e</b> d
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
Amelia Island Adventures,llc			
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applicable:	17524 Montessa Terrace	14	SIVIE SIS
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32226	JUL	<u> 2</u> 2
		21	프 <u>프</u> 프 <u>크로크</u>
		PH	<u> </u>
Enter new mailing address, if applicable:		<del></del>	- 55 Y. - 25 S
(Mailing address MAY BE A POST OFFICE BOX)		2-	= "
			·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name o	f the nev
Name of New Registered Agent:	·		<del></del>
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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

'MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Leopold	831 Oak Ridge Drive	<b>=</b> Add
		Fernandina Beach, Fl	□ Remove
		32034	
			Add
		<u></u>	☐ Remove
			<del></del>
			Add
			Remove
<u>-</u>			□ Add
			□ Remove
			OVISION OF C
			□ <b>R2</b> move
			21 A
<del></del>			Add
		<del> </del>	Remove

. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
` <del>-</del>	
<del></del> ;	
( rue errecu	date, if other than the date of filing: August 1st 2014 (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
	uly 10, 2014
	Signature of a member or authorized representative of a member
	Shari Riepe
	Typed or printed name of signee

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Filing Fee: \$25.00