## L110000064956

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T. HAMPTON

JUN 1 7 2011

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJECT: ADVENT			URLAND CA LLC	
30201	<u></u>		nited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	abmitted for filing.	
Please	return all corresp	condence concerning this matte	er to the following:	
			RAFAEL AGUIRRE	
			Name of Person	
		AD	VENTURLAND CA LLC	
			Firm/Company	
			10913 NW 43 LN	
			Address	
			DORAL, FL. 33178	
			City/State and Zip Code	
		F-mail address: (	P345@HOTMAIL.COM (to be used for future annual report notification)	
For fur	ther information	concerning this matter, please	•	
	RAF	AEL AGUIRRE	at ( 786 ) 3018675 / 78	36 3039990
	Name	of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check for t	he following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee Certificate of S Certified Copy (additional copy)	tatus &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO FILEU ARTICLES OF ORGANIZATION CRETARY OF STATE OF OF OIVISION OF CORPORATIONS

ADVENTURLAND CALLC

(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 Compan	ny were filed on	6/3/2011	and assigned
Florida document numberL11000064956	y were med on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	re:	
ADVENTURE	AND CA LLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	10913 NW 4	3LN	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL.	33178	
Enter new mailing address, if applicable:		.,	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		our records, <u>enter (</u>	he name of the new
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	Em	ter Florida street add	
	En	ier Pioriau sireei aaa	1 600
	<i>a.</i>	, 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 oibligations 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
<del></del>			Remove
			_
			Add
			Remove
<del></del>			Add Remove
			_
			Add
			Remove
			_
<del></del>			Add Remove
			Add
			Remove
If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
	OVENTURELAND CA LLC		
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ted	6/14 , 2	011	CORP CORP
		/ hulul	ORPORATIONS  AH (N. 29
			No =4=
	Signature of a member	er or authorized representative of a member	

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Filing Fee: \$25.00