# L11000124707

(Re	equestor's Name)	
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# **COVER LETTER**

TO: Registration Sect. Division of Corpo			
SUBJECT: MAY	ATRE Fun Name of Lim	Ac Rise and Zip Code  City/State and Zip Code  TAIN BLASERICK D'Ahoo. Comess: (to be used for future annual report notification)	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Boode	Name of Person	nkins
		Firm/Company	
	20.3	Address	
	CRYSTAL	River 7c	34423
	E-mail address: (1	to be used for future annual report notifi	PAhoo, Com
For further information con	cerning this matter, please ca	all:	
Birosenie Name of P	ck C. Jan	Kirs (352) 601. Area Code Daytime	6576 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

MANATER FUN LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were	filed on 3-16-2016	and assigned
Florida document number <u>L11 0001 24707</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
Big Fun Towns h.	L.C	
The new name must be distinguishable and contain the words "Limited Liability Co		iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>.                                    </u>
Enter new mailing address, if applicable:	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0
(Mailing address MAY BE A POST OFFICE BOX)	\$5.50 \$0.00 \$0.00	
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	بى <u>بى</u> .	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the	nome of the ne
Name of New Registered Agent:		
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00