

L12000041458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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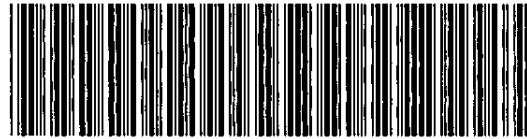
(Business Entity Name)

(Document Number)

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02/04/13--01002--014 **11.25

12/26/12--01037--005 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB - 1 PM 1:53

FEB 4 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ADVENTURE TOURS EXPERIENCE 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:

DANILO SANTANA

Name of Person

US TAX CONSULTING INC

Firm/Company

5401 S. KIRKMAN RD. STE. #105

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@LOWTAX.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANILO SANTANA

Name of Person

407 674-8969

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 FEB -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 2, 2013

DANILO SANTANA
US TAX CONSULTING INC
5401 S KIRKMAN RD - STE 105
ORLANDO, FL 32819

SUBJECT: ADVENTURE TOURS EXPERIENCE LLC
Ref. Number: L12000041458

We have received your document for ADVENTURE TOURS EXPERIENCE LLC and check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$11.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II

Letter Number: 713A00000027

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ADVENTURE TOURS EXPERIENCE 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 03/26/2012 and assigned
Florida document number L12000041458

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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)

639 BRANDY OAKS LOOP

WINTER GARDEN, FL, 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

639 BRANDY OAKS LOOP

WINTER GARDEN, FL, 34787

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:

MARCO AURELIO MAIA QUINTAO

New Registered Office Address:

639 BRANDY OAKS LOOP

Enter Florida street address

WINTER GARDEN

City

, Florida 34787

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>
<u>DP</u>	<u>ANTONIO M BIANCHI</u>	<u>8113 BREEZE COVE LN</u>	<input type="checkbox"/> Add
		<u>WINTER GARDEN, FL 32819</u>	<input checked="" type="checkbox"/> Remove
<u>DP</u>	<u>MARCO AURELIO M QUINTAO</u>	<u>639 BRANDY OAKS LOOP</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER GARDEN, FL, 34787</u>	<input type="checkbox"/> Remove
<u>DVP</u>	<u>ELOINA N QUINTAO</u>	<u>639 BRANDY OAKS LOOP</u>	<input type="checkbox"/> Add
		<u>WINTER GARDEN, FL, 34787</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 10, 2012.

Eloina N. Quintao

Signature of a member or authorized representative of a member

ELOINA N. QUINTAO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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