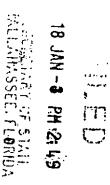
112000048256

(Re	equestor's Name)	_ -
(4)		
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



300307328193

01/08/18--01031--032 **60.00



JAN 0 9 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Doo's Amazing Segway Tours, 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:
Louisa Shawkey
Doo's Amazing Segway Tours, LLC
3923 Beach Drive SE
Sain+ Petersburg FL 33705 City/State and Zip Chide
<u>doosamazingsegway tours@yahoo.com</u> E-mail address: (to bo)sed for future annual report notification)
For further information concerning this matter, please call:
Louisa Shawley at (727) Le 42 - 5133 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limite	ed Liability Company (A Florida Limited Liab	as it now appears			
The Articles of Organization for this Limited Lis		ere filed on <u>Apr</u>	ril 25, 2018	and ass	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabilit	ty company here	:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the desi	ignation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	- <u>B<i>OX)</i> .</u>			18 J	
B. If amending the registered agent and/orthe new registered off		ce address on o	our records, <u>ente</u>	refle name	of the new
Name of New Registered Agent:	Loui	isa Sha	when	S N	
New Registered Office Address:	3923		Drive S	E	
	Saint R	Etersbur Cin	, Florida _	3370 Zip Code	5_
Now Designated Agent's Signature if shanging D	Conictored Agents				

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

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jon Shawkers	155 8th Ave NE	
		155 8th Ave NE Saint Petersburg FL, 33701	13 Remove
		<u> </u>	D Add
			☐ Remove
			Change
			Remove
			Gennge N
			Change
			
			Remove
			Change
		 	Add
			🗆 Remove
			Change

mending any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)	
Please update my new mailing	 -	
Please update my new mailing address to:		
Doo's Amazing Segway Tours, LLC 3923 Beach Drive SE		
Saint Petersburg, FL 33705		
Jaint Petersburg, FL 33 105		
		··-
	71%	18
		JAN
	<u>(\$23</u> 	4
	<u> </u>	-32
	SIAIL RIDA	N.
	NDA ADA	63
ective date, if other than the date of filing: 01-04-3018 (optional effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing tee. If the date inserted in this block does not meet the applicable statutory filing requirements, this date tument's effective date on the Department of State's records.	l) ig.) Pursuant te will not b	to 605,02 be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m he 90th day after the record is filed.	. on the	earlier
ed 01-04-2018		
Signature of a member or authorized representative of a member		_
Louisa Shawkers Typed or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00