

**L12000104834**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000153351 3)))



H130001533513ABCW

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To:

Division of Corporations  
Fax Number : (850) 617-6383 ✓

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC  
Account Number : I20060000012  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KSA TOUR, LLC

Certificate of Status	0
Certified Copy	0
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13 JUL 15 AM 11:56  
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Corporate Filing Menu

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July 12, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KSA TOUR, LLC  
16701 SW 59TH CT  
SW RANCHES, FL 33331

SUBJECT: KSA TOUR, LLC  
REF: L12000104834

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Wrong form. Please submit Articles of Amendment to Articles of Organization

Please return your document, along with 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.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H13000153351  
Letter Number: 013A00017048

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KSA TOUR, 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 08/14/2012 and assigned  
Florida document number L12000104834

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

*Enter Florida street address*

*City*, *Florida* *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>
MGRM	ARREGOCES, KEVIN	4160 RAVENSWOOD RD	<input checked="" type="checkbox"/> Add
		DANIA BEACH, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

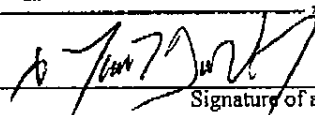
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Dated **JUNE 12**, **2013**



Signature of a member or authorized representative of a member

**JOHNNY ARREGOCES**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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