12000/06352

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
. <u> </u>

Office Use Only



600244614146

02/19/13--01018--023 **25.00

2013 FEB 19 FM 12: 54
SECRETARY OF STATE
FALL ABASSET, FLORIDA

FEB 20 2013 T CLINE

COVER LETTER

Division of Corporations		
SUBJECT: Major Touring LVC 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:		
Jouan Travis Peterson Name of Person Major Touring, LLC From Company	_	
3098 betty WAY #111	_	• •.
Orlando, FL 32835 City State and Zip Code Travis & Matter to be used for future annual fort notification)		
Travis a Major touring . Cow E-mail address: (to be used for future annual Cort notification)		
For further information concerning this matter, please call:	201 SE FAL	
Jouan Travis Peterson at 202.664-4407 Name of Person Area Code & Daytime Telephone Numb	2013 FEB 19 PM 12: 5 SECRETARY OF STATE ALLAHASSEF, FLORIG	Firm.
Enclosed is a check for the following amount:	PM 12:	Emeric Emerican Emerican Emerican
¥ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 F Certificate of Status Certified Copy (additional copy is enclosed) Certifie		osed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 Limited	Hability Compai V Florida Limited L	ıv aş it now ap iability Compa	pears on our records.)		
The Articles of Organization for this Limited L. Florida document number	iability Company		_	and as	ssigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company	here:		
The new name must be distinguishable and end wi	th the words "Limi	ted Liability Co	mpany," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applic	rable:				
Principal office address MUST BE A STREE	ET ADDRESS)				
		. –		2013 FE SECRE	· - · - · ·
Enter new mailing address, if applicable:	nov			SS = 8	
Mailing address MAY BE A POST OFFICE	<u>80.0)</u>			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. If amending the registered agent and/ registered agent and/or the new registered or	or registered of	nce address e	on our records, <u>enter</u>	The name	of the new
Name of New Registered Agent:	Jouan	Travis	Peterson		
New Registered Office Address:	30 98	betty	WAJ # /11 Enter Florida street a		
	201	./	Enter Florida street a	ddress	_
	<u>81 Iano</u>	<u>ИВ</u>	Florida _	32 835 Zip Coc	le .
New Registered Agent's Signature, if changing l				ziji coc	

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If hanging 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 = Ma	naging Member		
<u>Title</u>	<u>Name</u>		ype of Action
MGR	Jouan Travis Peter	con 3098 betty way #111	Add
		orlando, +1 32835	
<u>P</u>	Jouan Travis Peterson	3898 betty way \$111 orlands, \$1 32835	Add
		orlands, fl 32835	Remove
Vr	DALE EVANS		Add
			Remove
		TACE CALL AND ALL AND	Add Remarks
		ASSEC.	Remave
		TOP STATE	74 72 5 Add
			Remove
			Add
			Remove

2/16/	7017
2/16/	7013
2/16/	2013
2/16/	Per p
2/16/	Signature of a member or authorized representative of a member Tourn Travis Peter Sor Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 FEB 19 PM 12: 5