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SECRETARY OF STATE

ALL AMASSEE FLORINA

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: DESTIN	Jeep Rentz Name of Limi	10 LLC ted Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subr	mitted for filing.	
Please return all corresponder	ice concerning this matter t	to the following:	
-	J	Fenviller briggs Name of Person	
-	<u>)</u>	esth Feep Rent	<u>us</u>
-		esth Feep Rent	W
_	Sn	15, FI 3645	9
_	Y L W + (A) E-mail address: (1	City/State and Zip Code Code	ication)
For further information conce	rning this matter, please ca	ılı:	
Jennifer Br	, 10,65	at (850), 687	9262
Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1 \$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

18 MAR 19 PM 1:39
WHASSEF, FLORIDA

Destin Teep Rentals and (Name of the Limited Liability Company	owsty Adventures WC 42 70 57 77 13 18 18 18 18 18 18 18 18 18 18 18 18 18
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L12000 148 159</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Destin Jeep Rentals LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	189 COLODO DO SRB, PL 32459
(Principal office address MUST BE A STREET ADDRESS)	3146, PL 32959
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	189 COCOBOLO : 107 SKB: F1 32459
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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:

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Filing Fee: \$25.00