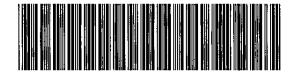
L13000120999

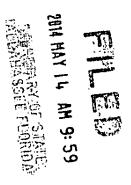
(Requestor's Name)
(Nequestor's Name)
(Address)
(vaccss)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
N14-28831

Office Use Only



600258979396

05/01/14--01011--010 **25.00



MAY 2 2 2014 J. BRUU



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2014

NATHAN S. SINDELAR 11149 BURGENHAGEN DR. ORLANDO, FL 32832

SUBJECT: THE ADVENTURE SPOT, LLC

Ref. Number: L13000120999

We have received your document for THE ADVENTURE SPOT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Letter Number: 314A00009744

www.sunbiz.org

Division of Companytions D.O. DOV 6297 Tellahorses Florida 29214

COVER LETTER

TO: Registration Section
Division of Corporations

Subject. The Adventure Spot, 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:

Nathan S. Sindelar

Name of Person

The Adventure Spot, LLC.

Firm/Company

11149 Bugenhagen Dr.

Address

Orlando FL, 32832

City/State and Zip Code

nate.sindelar@gmail.com

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

For further information concerning this matter, please call:

Nathan Sindelar

,,,407,803-2638

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Adventure Spot, LLC.		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L13000120999</u>	ity Company were filed on 08/26/2013	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Adventure Air Tours, LLC.		
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ω	
B. If amending the registered agent and/or r registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:		he name of the new
	Enter Florida street address	
_	, Florida	<u> </u>
	City	Zip Cody
		, -

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			C D
			□ Add
			□ Remove
			Ad Ad
			Remove AM 9: 5
			# 9: 5 3
			☐ Remove

Effective date, if other than the date of filing:	If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)		
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after he date this document is filed by the Florida Department of State)		
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)		
the date this document is filed by the Florida Department of State)	Effective date, if other than the date of filing The effective date must be specific, cannot be prior to date	(optional) e of receipt or filed date and cannot be more than 90 days after
Duu April 28 2014		t of State)
h	h	*
Signature of a member or authorized representative of a member Nathan S. Sindelar	-	nember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

2814 MAY I L AM 9: 59