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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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J. HARRIES

COVER LETTER

| TO: Registration Se Division of Con | | | |
|--|--|---|---|
| SUBJECT: | Edan Bay Name of Line | Tourstments, La | LC |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Thins | Name of Person | , |
| | Nisha | Firm/Company | |
| | 617 E | Colonial D | |
| | Orlando | FL 32803 City/State and Zip Code | |
| | E-mail address: (i | to he used for future annual report notifi |) . CO/77 (cation) |
| For further information co | oncerning this matter, please co | all: | |
| Name of | M. Ladywer 1 F.59 [Person | y at (<u>407)</u> 28- Area Code Daytime | 9.711 Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| S25.00 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

| (Name of the Limited Liability Company as (A Florida Limited Liabil | it now appears on our records.) |
|--|---|
| The Articles of Organization for this Limited Liability Company wer Florida document number 1400/14489. | e filed on 07/31/2014 and assigned |
| 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 contain the words "Limited Liability C | ompany "the designation "LLC" or the abbreviation "LLC". |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ompany, the designation title of the above various title and the second |
| _ | |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · |
| Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, enter the name of the no |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City 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 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:

MGR = Manager

AMBR = Authorized Member Title Name Address Type of Action Culebra Pay Investments, LLC 2555 Surface Ave. Su # 27916 Exampleille, MI H9H18 MRemo _ 🗆 Change BUBFORD PLACE TANGSTALENTS, LLC 2885 Sanford Air MAD Sw # 20416, Grandville, MI - Remove 49418 _ Change _□ Add ☐ Remove __

Change __□ Remove ☐ Change ____□ Remove □ Add ☐ Remove _□ Change

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| Note: | ive date, if other than the date of filing: | al) ing.) Pursuant t ate will not b | o 605.0207 (c listed as t |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed. | n. on the e | arlier of: |
| Dated | September 22 . 2017 | | |
| | Signature of a member of authorized representative of a member | <u> </u> | 29:7 |
| | Thomas it Ladyman. | | E S |
| | Typed or printed same of signee | <u></u> | 23 PH |
| | | | |

Filing Fee: \$25.00