# 44000166160

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## **COVER LETTER**

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SUBJECT		Activities Center, LLC		
SODJECT.	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Michael Haerting		
		• • • • • • • • • • • • • • • • • • • •	Name of Person	
		CP Tours, LLC		
			Firm/Company	
		P.O. Box 2473		
			Address	
		Fort Lauderdale, FL 33303	3	
		michael@cp-tours.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please ca	all:	
Michael Ha	aerting		786 210-6626 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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

### TO ARTICLES OF ORGANIZATION OF

Riverwalk Activities Center, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) / Amended The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L14000166160 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CP Tours Fort Lauderdale, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 220 SW 3rd Avenue Enter new principal offices address, if applicable: Fort Lauderdale, FL 33312 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 2473 Enter new mailing address, if applicable: Fort Lauderdale, FL 33303 (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 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

# or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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document's effective date on the Department of State's records.	4	ത	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m ) The 90th day after the record is filed.	. on the	e earlier	of:
Fort Lauderdale, March 2nd, 2016			
Dated,			
Signature of a member or authorized representative of a member		<del></del>	
Michael Haerting			
Typed or printed name of signee		<del></del>	

Page 3 of 3

Filing Fee: \$25.00