## L15000113332

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



300276894853

09/10/15--01017--015 \*\*55.00

SECRETARY OF STATE TALLAHASSEF, FI GRID.

FILED

SET 1 205

## **COVER LETTER**

| TO:             | Registration S<br>Division of Co |  |   |  |
|-----------------|----------------------------------|--|---|--|
| SUBJE           | 30A Segv                         | vay LLC  |   |  |
|                 |                                  | Name of Lim  | nited Liability Company   |  |
| The encl        | osed Articles o                  | of Amendment and fee(s) are sub                    | omitted for filing.   |  |
| Please re       | eturn all corres <sub>i</sub>    | pondence concerning this matter                    | to the following:   |  |
|                 |                                  | Yu Kelly   |   |  |
|                 |                                  |  | Name of Person  |  |
|                 |                                  |  | Firm/Company  |  |
|                 |                                  | 1531 Thurso Road                                   |   |  |
|                 |                                  | Lynn Haven FL 32444                                | Address   |  |
|                 |                                  | panamacitysegway@gmail.                            |   |  |
| For furth       | er information                   | E-mail address: ( concerning this matter, please c | to be used for future annual report notifall:                       | ication)   |
| Yu Kelly        |                                  |  | 850 319-4721<br>at ()   |  |
|                 | Name                             | of Person  | Area Code Daytime   | Telephone Number SECRET  |
| Enclosed        | l is a check for                 | the following amount:                              |   | AR<br>SSS  |
| □ <b>\$2</b> 5. | 00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status       | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is englosed) |
|                 |                                  |  |   |  |

**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

| 30A Segway LLC   |   |  |  |
|--|---|--|--|
| (Name of the Limited Liability Comps<br>(A Florida Limited)  | iny as it now appears on our records.)<br>Liability Company)      |  |  |
| he Articles of Organization for this Limited Liability Company orida document number   | were filed on 6/30/2015 and assigned                              |  |  |
| nis amendment is submitted to amend the following:   |   |  |  |
| . If amending name, enter the new name of the limited liab   | pility company here:  |  |  |
| anama City Gliders LLC   |   |  |  |
| ne new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the abbreviation "L.L.C." |  |  |
| nter new principal offices address, if applicable:   | 1531 Thurso Road  |  |  |
| Principal office address MUST BE A STREET ADDRESS)   | Lynn Haven FL 32444   |  |  |
| nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  | Same as Above   |  |  |
| s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her  Name of New Registered Agent: | e:<br>2015 SE<br>TALLAH   |  |  |
| New Registered Office Address:   | P I C   |  |  |
|  | Enter Florida street address , Florida                            |  |  |
|  | City Zip Code   |  |  |
|  | ⇒ <sup>™</sup> <b>~</b>   |  |  |

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:

| or remov | eu from our recorus: |  |  |
|----------|----------------------|--|--|
| MGR =    | Manager              |  |  |
| AMBR =   | Authorized Member    |  |  |

| <u>Title</u> | Name        | <u>Address</u> | Type of Action   |
|--------------|-------------|----------------|--|
|              |             |                | Add  |
|              |             |                | □ Remove   |
|              |             |                | ☐ Change   |
|              | <del></del> |                | Add  |
|              |             |                | Remove   |
|              |             | <del></del>    | ☐ Change   |
|              |             |                | Add  |
|              |             |                | □ Remove   |
|              |             |                | □ Change   |
|              | <del></del> |                |  |
|              |             |                | ☐ Remove   |
|              |             | ·              | Change  Change  Add  Rem  SECRETARY OF STATE  AHASSEE, FLORIDA |
|              |             |                | ASSEE. F   |
|              |             |                | ORIDA Change   |
|              |             | <del></del>    | Add  |
|              |             |                | □ Remove   |
|              |             |                | □ Changa   |

| •                         | ling any other information, ente   | _   | utional sneets, tj nece | essary.)  |
|---------------------------|--|---|-------------------------|---|
|                           |  |   |                         | ·····   |
|                           | · · · ·  |   |                         |   |
| _                         |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  | <u> </u>  | <u>.</u>                |   |
| <del></del>               |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  |   | <del> </del>            |   |
|                           |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  |   |                         |   |
|                           |  |   |                         |   |
| (If an effect<br>Note: If | date, if other than the date of flive date is listed, the date must be specific the date inserted in this block does not be effective date on the Department | c and cannot be prior to date of filing of<br>not meet the applicable statutory f |                         | filing.) Pursuant to 605.020                            |
| the reco                  | rd specifies a delayed effectiv<br>Oth day after the record is file  | ve date, but not an effectived.   | e time, at 12:01 a      |   |
| Dated                     | 9/8  | _, <u>2015</u> .<br>[1]\$}[]  |                         | PILE<br>2015 SEP 10 F<br>SECRETARY OF<br>ALLAHAS SEE, F |
|                           | Signature o  | of a member or authorized representa  | tive of a member        |   |
|                           |  | Su Belly  |                         | I: 33   |

Page 3 of 3

Filing Fee: \$25.00