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SECRETARY OF STATE TALLAHASSEE, FLORIDI

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COVER LETTER

Divi	sion of Corp	orations						
SURJECT:		ravel Trailer Rentals LLC						
SOB BETT			ted Liability Company					
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.					
Please return	all correspon	dence concerning this matter to	o the following:					
		Marcy L. Merryman						
			Name of Person					
Adventure Travel Trailer Rentals LLC								
Firm/Company								
		2101 Sunnydale Blvd Suite	В					
			Address					
		Clearwater, Florida 33765						
			City/State and Zip Code					
		marcym@tampabay.rr.com						
			o be used for future annual report	notification)				
For further in	iformation co	ncerning this matter, please ca	11:					
Marcy Merry	yman		727 504-6553 at ()					
	Name of	Person	Area Code Day	time Telephone Number				
Enclosed is a	check for the	following amount:						
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Adventure Traver Traner Remais			
(<u>Name of the Lim</u>	ited Liability Company as it r (A Florida Limited Liability C	now appears on our records.) Company)	
The Articles of Organization for this Limited 1 Florida document number L15000132080	, , ,	led on 8/3/2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability con	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the at	. To ()
Enter new principal offices address, if appli	cable:		ECRETALL AHAR
Principal office address MUST BE A STRE	ET ADDRESS)		R 23
Enter new mailing address, if applicable:			STA.
Mailing address MAY BE A POST OFFICE	BOX)		8 0
	·		
B. If amending the registered agent and registered agent and/or the new registered of		ldress on our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	Marcy L. Merryman		
New Registered Office Address:	2101 Sunnydale Blvd	Enter Florida street address	
	Clearmater	Florida	33765
	City		Zıp 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jeremy Lewis	2101 Sunnydale Blvd Suite B	Add
			■ Remove
			□ Change
MGR	Marcy L. Merryman	2101 Sunnydale Blvd Suite B	■ Add
			□ Remove
			☐ Change
			
			□ Remove
			Change
			
			Remove
			Change
			□ Remove
			Change
	to the second se		☐ Add
			□ Remove
			☐ Change

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March 21				18							
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Filing Fee: \$25.00