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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: American Parks of Florida, 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: |
| Kellie 5. Mc Swain |
| Courson 5 Stam, LLC Firm/Company |
| Firm/Company |
| 2398 Sadler Road |
| Fernandina Beach, FL 32034 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Kellie S. Me Swain at (904) 261 - 7803 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hmerican Po | urks of florid | 10 L | <u> </u> | 6 |
|--|---|------------------------|-----------------|--------------------|
| (Name of the Limited Liabil (A Florid | ity Company as it now appear a Limited Liability Company) | <u>trs on bur re</u> c | cords.) | |
| The Articles of Organization for this Limited Liability (| • • - | 8 2 | 7/15 | and assigned |
| Torida document number <u>L 15 0 00 14 734</u> | <u>0</u> . | | | |
| his amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the lim</u> | nited liability company l | <u>iere</u> : | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the | designation " | LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADD | RESS) | | | <u> </u> |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| 3. If amending the registered agent and/or registere igent and/or the new registered office address here: | ed office address on our | records, <u>en</u> | iter the name | of the new regis |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | ~ ~~~ | | |
| | Enter Fl | orida street aa | ldress | |
| | | | , 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 | <u>Address</u> 2003 St 1, 10, 16: 16 | Type of Action |
|-------|--------------|---|-----------------|
| MGR | Steve LeBel | Fort Clinch Park | 🗆 Add |
| | | 2601 Atlantic Ave | X Remove |
| | | Fernandina Beach, FL 32034 | □Change |
| MGR | Erin Mahoney | Fort Clinch Park | [XAdd |
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| ective date, if other than the date of filing: | optional) orior to date of filing or more than 90 days after filing.) Pursuant to 605.020 |
| | plicable statutory filing requirements, this date will not be listed a |
| cument's effective date on the Department of State's reco | rds. |
| | |
| cord specifies a delayed effective date, but not an effective is filed. | we time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| s fied. | |
| Anna 1 215+ | |
| red August 31st . 202 | <u> </u> |
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| | |
| Signature of a member or a | authorized representative of a member |