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OCT 2 0 2015 S. YOUNG

COVER LETTER

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Registration Section

Division of Corporations
SUBJECT: BIG PINE KAYAK ADVENTURES 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:
WILLIAM KEOGH Name of Person BIG PINE KAYAK Firm/Company 1791 BOBIE DRIVE Address BIG PINE KEY FL 33043
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William KEOGH at (305) 872-7474
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$25.00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our r	eçords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000 166074</u>	ala	0/3015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SIE DRIVE KEY FL 33042
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1791 BOG BIG PINE BIG PINE	LE DRIVE KEYEE 33043
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our re <u>e</u> :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	_, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	Lip Oodo
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity	

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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 amending Authorized Person(s) authorized to manage, enter the title, hame, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Address Type of Action Title <u>Name</u> William V. KEOGH 1791 BOGIE DR MGR BIG PINE KEY FL 33043 ☐ Change MGR JIM FIGUERADO 1791 BOGIE DR BIG PINE KEY FL 33043 K Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove □ Remove \bigcirc Change □ Add ☐ Remove ☐ Change

am	ending any other information, enter change(s) here: (Attach additional sheets, if hecessary.)
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	Signature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00