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D. SCOTT MAY 19 2017

COVER LETTER

Division of Corporations	
SUBJECT: (great Adventure 3 140, 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:	
Carlos F- Lopez, Esq.	
Hollander, Goode + Lopez, P.A. Firm/Company	
314 S. Feckers Highway Address	
Dania Black, Fl 33004 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
	A.
Name of Person at (454) Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:	FILE
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	FILED M 4.25

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

(zreas Activenture	3140,00	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number LI6000104055	were filed on $\frac{5}{47}/16$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	. 10/01/6 - 2 (10/01/6 - 10/01/6)	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida street address , Flori	da ASSE
	City	Zip Code 2
New Registered Agent's Signature, if changing Registered Agent:		62 F
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and s provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
4015W	Morad Yomtobian	Daria Beach, Fl 33004	MAdd
		Daria Beach, Fl 33004	[F]Remove
		 	
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Filing Fee: \$25.00