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COVER LETTER

	sistration Sec ision of Corp		:		
oup inom	EXOTIC SE	IORE EXCURSIONS, LLC			
SUBJECT:		Name of Lim	ited Liability Company	 	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	dence concerning this matter	to the following:		
		THOMAS TILLETT		:	
			Name of Person		
		EXOTIC SHORE EXCUR	SIONS, LLC		
			Firm/Company	, , 1	
		4411 N.W. 74TH AVENU	JE		
			Address		
		MIAMI, FL 33166			
		 	City/State and Zip C	lode	_
		TTILLETT99@GMAIL.CO			
		E-mail address: (to be used for future an	inual report notifica	tion)
For further in	nformation co	ncerning this matter, please ca	all:		
THOMAS T	ILLETT		561 at (801-3807	
	Name of	Person	Area Code	Daytime Te	elephone Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2017 JUL 31 PM 1156

TALLAHARRY OF STATE ORIDIN

EXOTIC SHORE EXCURSIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were	filed on SEPTEMBER 27, 2016 and a	ssigned
Florida document number L16000179816	ı	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	1	·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name	of the new
		
New Registered Office Address:	Enter Florida street address	
	Florida	
C	Florida Zip Code	?
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfo accept the obligations of my position as registered agent as provid		

If Changing Registered Agent, Signature of New Registered Agent

AGR = N $AMBR = A$	Aanager Authorized Member		
<u> </u>	Name	Address	Type of Action
AMBR	TILLETT, THOMAS TILLETT, GOLDA	578 NORTH SCOTTSDALE DR APT. NO. 12	 ■ Add
		FAYETTEVILLE, AR 72701	
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ffective date if other than t	he date of filing: nust be specific and cannot block does not meet the	e applicable sta	of filing or more than 90 tutory filing requiren	(optional) days after filing.) Potents, this date will	rsuant to 605.0207 (3) I not be listed as the
an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	Department of State 8 r	ecorus.			
Note: If the date inserted in this	red effective date, b		ffective time, at	12:01 a.m. on	the earlier of:
e record specifies a delay The 90th day after the re	red effective date, t ecord is filed. 2017	out not an ei	1		the earlier of:
e record specifies a delay The 90th day after the re	red effective date, t ecord is filed. 2017	out not an ei	1		the earlier of:
e record specifies a delay The 90th day after the re	red effective date, t ecord is filed.	out not an ei	1		the earlier of:

Page 3 of 3

Filing Fee: \$25.00