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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Old Homos	assa Snorkeling Center				
obbuter,		Name of Lin	nited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Traci Wood				
			Name of Person			
		Old Homosassa Snorkeling	g Center			
Firm/Company						
		10460 W. New York St.				
			Address			
		Homosassa, FL 34448				
			City/State and Zip Code			
		info@nativevacations.com				
		E-mail address: (to be used for future annual report noti	ification)		
For further in	formation co	ncerning this matter, please ca	all:			
Lauren Reed			352 470-9071			
	Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 Fi	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:

.

Registration Section

TO:

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

Old Homosassa Snorkeling Center, LLC		
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ry Company were filed on 01/23/2017	and assigned
Florida document number L17000018078		und assigned
This amendment is submitted to amend the following	r. o.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Training united MAT BE AT OUT OF THEE BOX		
B. If amending the registered agent and/or re	gistered office address on our records, enter	
registered agent and/or the new registered office a	gistered office address on our records, <u>enter</u> ddress here:	the name of the ne
		87 F
Name of New Registered Agent:		The British
Haine of New Registered Agent.		T-10 _
New Registered Office Address:		i: 45
	Enter Florida street address), — — — — — — — — — — — — — — — — — — —
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clyde F. Parker	28 Statice Ct.	
		Homosassa, FL 34446	■ Remove
			☐ Change
MGR	Traci J. Wood	28 Statice Ct.	■ Add
		Homosassa, FL 34446	□ Remove
			Change
			☐ Add
			□ Remove
			Change
			Add Remove
			SEC. J. ORID
			□ A dd
			☐ Change
			Remove
			Change

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fective date	e, if other than th	ne date of filin	og: 07/31/2011			_ (optional)	08. 180	4:1
ote: If the d	te is listed, the date mate inserted in this fective date on the	block does not:	meet the appli	cable statutory	or more than 90 d filing requireme	ays after filing.) Pursuar	it 16605.0 be listed
	pecifies a delay day after the re			ot an effecti	ve time, at 1	2:01 a.m.	on the	earlie
ited July 31			2017					
	//	1 5	D 1/		ative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00