

LI7000 110 290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

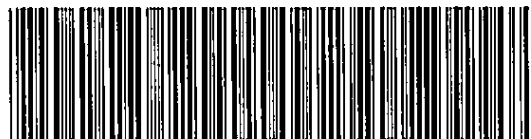
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/21--01004--014 **30.00

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T. MATTHEWS

DEC - 3 2021



2021 NOV 17 PM 1:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2021

STEPHEN FREEMAN
10265 GANDY BLVD N., #1408
ST. PETERSBURG, FL 33702

SUBJECT: WALK ON WATER TOURS, LLC
Ref. Number: L17000110290

We have received your document for WALK ON WATER TOURS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 421A00026962

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WALK ON WATER TOURS, 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:

STEPHEN FREEMAN

Name of Person

WALK ON WATER TOURS, LLC

Firm/Company

10265 GANDY BLVD N. #1408

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

INFO@WOWPEDALBOARD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE FREEMAN

at (727) 744-3606
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WALK ON WATER TOURS, LLC

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

21 NOV 17 PM 3:04

The Articles of Organization for this Limited Liability Company were filed on 5/18/2017 and assigned
Florida document number L17000110290.

This amendment is submitted to amend the following:

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 ADDRESS)

10265 GANDY BLVD N. #1408

ST. PETERSBURG, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10265 GANDY BLVD N. #1408

ST. Petersburg, FL 33702

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAMIAN ANDRADA

New Registered Office Address:

10265 GANDY BLVD N. #1408

Enter Florida street address

ST. PETERSBURG

City

Florida 33702

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>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHEN FREEMAN	10265 GANDY BLVD N. #1408	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASHLEIGH LOCKE	10265 GANDY BLVD N. #1408	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG FL 33702 #1408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANIE BURTON	4091 CHERRY ST. NORTHEAST	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STANLEY BURTON	4091 CHERRY ST. NORTHEAST	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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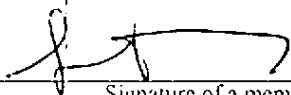
E. Effective date, if other than the date of filing: 11-12-21 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 12th 2021



Signature of a member or authorized representative of a member

Stephen FREEMAN

Typed or printed name of signee