## 11000128725

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	porations		
2115 11 CM	FIRE HORS	SE ADVENTURES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The englosed	l Articles of :	Amendment and fee(s) are sub	mitted for filing	
Please rettirr	i ali correspoi	ndence concerning this matter	to the following;	
		RICARDO J DAVALOS		
		<del>.</del>	Name of Person	
		FIRE HORSE ADVENTU	RES LLC	
			Firm Company	
		12445 SW 143 LN		
Address				
	MIAMI, FL. 33186			
			City/State and Zip Code	
		ricardodavalos66@gmail.co		
		E-mail address: (	to be used for future annual repor	t notification)
For further i	nformation co	oncerning this matter, please co	all:	
RICARDO.	J DAVALOS		305 300-736	53
	Name of	Person	at () Area Code D	aytime Telephone Number
Enclosed is	a check for th	e following amount:		
<b>≘</b> \$25.00 l	Filing 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)
	iling Address		Street Addre	
	gistration S vision of C	orporations	Registration Division of	Corporations
	D. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRE HORSE ADVENTURES LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco liability Company)	rds.)
he Articles of Organization for this Limited Liability Company	were filed on <u>06/13/2017</u>	and assigned
orida document number L17000128725		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Li	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	12445 SW 143 LN	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33186	SEC.
		211.7
		<i>7</i> // <b>− 8</b>
nter new mailing address, if applicable:		. 1. ≥
failing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u> o	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
<del></del>	, l	Florida 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>	Name	Address	Type of Action
			□Remove
<del></del> -			□Add
			□Remove
			□Change
	<del></del>		
			□Change
			□Add
			□Remove
			Change
<del></del>			
			□Remove
			□Add
			□Remove
			□ Channa

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F ffee	ve date if other than the date of filing:
Note:	ve date, if other than the date of filing:
he reco	d 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 ed.
Data	NOVEMBER 12 2024
שונינ	
	yeature of a member or authorized representative of a member
	<b>,</b>
	RICARDO J DAVALOS

Filing Fee: \$25.00