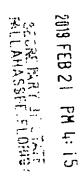
L17000128926

Office Use Only



400324617474

02/21/19--01006--003 *+25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Seminole Wind Air Bout Tours LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	200
Please return all correspondence concerning this matter to the following:	ني بريم الري
Army Wills Name of Person	` Q
Seminde Wind Hir Bout Town UC	
1397 NE Brownille J. Address	
Arcadia, 71. 347166 City/State and Zip Code	
E-mail address: (to be used for future annual report, philication)	
For further information concerning this matter, please call:	
Amy Wills at (863) 303-4124 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & B55.00 Filing Fee & B60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &

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

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L 17000128926. 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 "LLC." Enter new principal offices address, if applicable: (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 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: New Registered Office Address:

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 =	Мападег
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
A MISIC	David Wills	1397 NE Brown We Si- Arcadia 71-34266	🖸 Add
		Arcadia Al 34266	Remove
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			
			□ Remove
			☐ Change
			D Add
		.,	□ Remove
			☐ Change
			🗅 Add
			☐ Remove
			☐ Change

D. If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
When rev	move David Mills, his 25% will be
given to	Any Uills 1391 NE Brownville St
Arradio	1 71- 34266, which will make her
MGR, and	d registered agent w 50% ownership.
Secus.	
Cotton 1	nills mar 25%
Hannah	Mills man 25%
Amil	ills Max 50%
THING OF	7, 1100
	Human
	, / 1 ,
Note: If the date inserted i	han the date of filing: 3 8 (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
If the record specifies a d (b) The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
Dated Opp 1	2019
	Signature of a member or authorized representative of a member
	0

Page 3 of 3

Filing Fee: \$25.00