

L17000 177032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

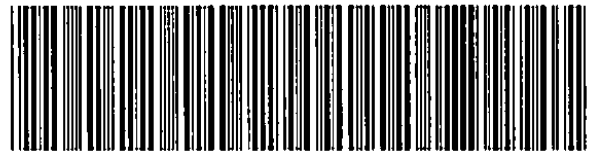
(Business Entity Name)

(Document Number)

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D. BRUCE
AUG 10 2020

TO: Registration Section
Division of Corporations

SUBJECT: Intimate Waterway Tours
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:

ROCCO VITALE
Name of Person

INTIMATE WATERWAY TOURS
Firm/Company

1560 ARGYLE DR. #5 FT LAUDERDALE, FL 33312
Address

FORT LAUDERDALE, FL 33312
City/State and Zip Code

INTIMATE.WATERWAYTOURS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROCCO VITALE at (954) 488-4407
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

TO
ARTICLES OF ORGANIZATION
OF

INTIMATE WATERWAY TOURS 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 1/26/20 and assigned
Florida document number L17000177032

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

INTIMATE WATERWAY TOURS
1560 ARGYLE DR #5
FORT LAUDERDALE, FL 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

INTIMATE WATERWAY TOURS
1560 ARGYLE DR #5
FORT LAUDERDALE, FL 33312

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:

ROCCO VITALE

New Registered Office Address:

1560 ARGYLE DR. #5

Enter Florida street address

FORT LAUDERDALE

City

Florida

33312

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Christina M. Garcia</u>	<u>1560 Argyle Dr # 5</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale FL 33312</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGRM</u>	<u>Rocco VITALE</u>	<u>1560 ARGYLE DR # 5</u>	<input checked="" type="checkbox"/> Add
		<u>FORT LAUDERDALE, FL 33312</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: 6/19/20 (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 605.020

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 June 19, 2020

Christina M. Garcia

Signature of a member or authorized representative of a member

Christina M. Garcia

Typed or printed name of signee