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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADVENTURE OUTINGS 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:

Enrique Lopez

Name of Person

415 Pine LLC

Firm/Company

455 NE 5th Avenue, Unit D330

Address

Delray Beach, Florida 33483

City/State and Zip Code

mrenriquelopez2015@gmail.com

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

For further information concerning this matter, please call:

Enrique Lopez

561 287-4705
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

ADVENTURE OUTINGS LLC

Page 1 of 3

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>
AMBR	415 PINE LLC	455 NE 5TH AVENUE	<input checked="" type="checkbox"/> Add
		UNIT D330	<input type="checkbox"/> Remove
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Change
MGR	ROSYSTONE LLC	455 NE 5TH AVENUE	<input type="checkbox"/> Add
		UNIT D330	<input checked="" type="checkbox"/> Remove
		DELRAY BEACH, FL 33444	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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