## 1/7000/184107

(Re	equestor's Name)	
(Ad	ldress)	· ····································
(Ad	Idress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
SUBJE		RE OUTINGS LLC		
		Name of Lim	ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence 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 334	83	
		2015@	City/State and Zip Code	
		mrenriquelopez2015@gmai	to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Enrique	e Lopez		561 287-4705	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVENTURE OUTINGS LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	08/29/2017 and assigned
Florida document number L17000184107	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		EG 4 T
nter new mailing address, if applicable:		Ser Ser II
Mailing address MAY BE A POST OFFICE	E BOX)	元の至り
	<del></del>	
		DE 5
		on our records, enter the name of the
egistered agent and/or the new registered of	nuce address nere:	
Name of New Registered Agent:	415 PINE LLC	
New Registered Office Address:	455 NE 5TH AVENUE, UNIT	D330
	Enter F	lorida street address
	DELRAY BEACH	, Florida <sup>33483</sup>
	City	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 jor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	415 PINE LLC	455 NE 5TH AVENUE	Add
		UNIT D330	☐ Remove
		DELRAY BEACH, FL 33483	☐ Change
MGR	ROSYSTONE LLC	455 NE 5TH AVENUE	
		UNIT D330	■ Remove
		DELRAY BEACH, FL 33444	
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			Remove
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Factive data if other than the	data of filings		,	(antional)	
Tective date, if other than the an effective date is listed, the date mu	st be specific and cannot b	e prior to date of fi	ling or more than 90 day	( <b>optional)</b> s after filing.) Pursuant to	o 605.020°
ote: If the date inserted in this b	ock does not meet the	applicable statute	ory filing requirement	s, this date will not be	listed as
ocument's effective date on the D	epartment of State's re	corgs.			
e record specifies a delayed The 90th day after the rec	ord is filed.	it not an effe	ctive time, at 12:	01 a.m. on the ea	arlier o
The source day areas and soc	ord is mod.				
SEPTEMBER 18	2017				
ated		·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00