

L17000260316
 Florida Department of State
 Division of Corporations
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(((H22000102536 3)))



H220001025363ABCV

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : NAJMY THOMPSON, P.L.
 Account Number : I20090000014
 Phone : (941)907-3999
 Fax Number : (941)840-5559

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: carq@beachtobayliving.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 AMI ADVENTURE RENTALS LLC**

Certificate of Status	0
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2022 MAR 31 PM 4:42

2022 MAR 31 PM 3:17
 DIVISION OF STATE
 FALL WASSFE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMI ADVENTURE RENTALS 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:

Sean Kelly
Name of Person

Najmy Thompson, P.L.
Firm/Company

1401 8th Ave W
Address

Bradenton FL 34205
City/State and Zip Code

cara@beachtobayliving.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Kelly at (941) 7482216
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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMI ADVENTURE RENTALS 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 12/21/2017 and assigned Florida document number L17000260316.

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 "L.L.C."

Enter new principal offices address, if applicable:

9801 GULF DR STE SANNA MARIA, FL 34216

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

9801 GULF DR STE SANNA MARJA, FL 34216

(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:

Najmy Thompson, P.L.

New Registered Office Address:

1401 8th Ave W

Enter Florida street address

Bradenton

City

Florida

Zip Code

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2022 MAR 31 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

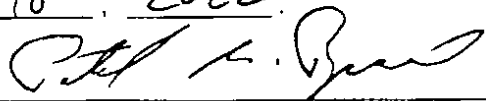
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VARNER, JOSEPH A	3018 AVENUE CHOLMES BEACH, FL 34217 UN	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shawn T. Kaleta	PO Box 1726Bradenton, FL 34206	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Roman Eckert	PO Box 1726Bradenton, FL 34206	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (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 605.0207 (3)(b)
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 March 18, 2022



Signature of a member or authorized representative of a member

Typed or printed name of signee