

L18000017309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 AUG 30 PM 12:41  
FALLAUX, ALI

D PRUCE  
SEP 11 2021

TO: Registration Section  
Division of Corporations

SUBJECT: EGA Adventures, 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:

Thomas Lund

Name of Person

EGA Adventures, LLC

Firm/Company

4401 SE Commerce Ave

Address

Stuart, FL 34997

City/State and Zip Code

Tom@~~ega~~egaadventures.com

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

For further information concerning this matter, please call:

Tom Lund

Name of Person

at ( 410 )

Area Code

570-5371

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)

Florida Dept of State

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

2021 AUG 30 PM 12:41

TO  
ARTICLES OF ORGANIZATION  
OF

EGA Adventures, 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 19 Jan 18 and assigned Florida document number L18000017309

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:

(Principal office address MUST BE A STREET ADDRESS)

4401 SE Commerce Ave  
Stuart, FL 34997

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:

Thomas Lund

New Registered Office Address:

4401 SE Commerce Ave

Enter Florida street address

Stuart

City

Florida

34997

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

Removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>MGR</u>	<u>Thomas Lund</u>	<u>2466 San Pietro Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens, FL</u>	<input type="checkbox"/> Remove
		<u>33410</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>TPG Enterprises, LLC</u>	<u>2466 San Pietro Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens, FL</u>	<input type="checkbox"/> Remove
		<u>33410</u>	<input type="checkbox"/> Change
	<u>LUND</u>		
<u>MGR</u>	<u>Daniel Lund</u>	<u>103 Lake Shore Drive</u>	<input type="checkbox"/> Add
		<u>Lake Park, FL 33403</u>	<input checked="" 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

2022 AUG 30 PM 4:41  
TALLAHASSEE, FL  
AFC

2021 AUG 30 PM 12:41  
REC'D  
TALLAHASSEE, FL

(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 605.021  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as  
document's effective date on the Department of State's records.

Dated 30 June 2021

Signature of a member or authorized representative of a member

Thomas R. Lund

Typed or printed name of signee