

48000112006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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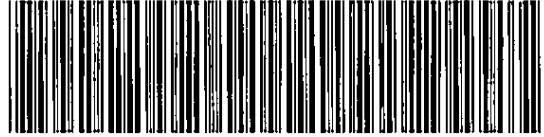
(Business Entity Name)

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MAY 21 2018

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MAY 23 2018

Amendment to Articles of Organization - Domestic Limited Liability Company

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLANGATOR ADVENTURE TOURS L.L.C.

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:

VICTOR ALLAN

Name of Person

ALLANGATOR ADVENTURE TOURS L.L.C.

Firm/Company

550 n independence hwy lot68

Address

INVERNESS FL 34453

City/State and Zip Code

ERTWERE@YAHOO.COM

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

For further information concerning this matter, please call:

VICTOR ALLAN

Name of Person

at (616) 635-0320

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

Amendment to Articles of Organization - Domestic Limited Liability Company

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALLANGATOR ADVENTURE TOURS L.L.C.

(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 May 03 2018 and assigned
Florida document number L18000112006

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:

550 n independence hwy lot68

(Principal office address MUST BE A STREET ADDRESS)

INVERNESS FL 34453

Enter new mailing address, if applicable:

550 n independence hwy lot68

(Mailing address MAY BE A POST OFFICE BOX)

INVERNESS FL 34453

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:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Enter Florida street address

Tampa

Florida 33607

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

Amendment to Articles of Organization - Domestic Limited Liability Company

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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	Victor Allan	550 n independence hwy lot 68	<input checked="" type="checkbox"/> Add
		Inverness Fl	<input type="checkbox"/> Remove
		34453	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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The company needs to be member
 managed as well by Victor ALLAN
 please list my name on the state
 record sunbiz.org THANK YOU

E. Effective date, if other than the date of filing: May 17 2018 (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 § 605.0209 (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 May 17, 2018

Victor Allan

Signature of a member or authorized representative of a member

Victor Allan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Page 1 2 3 4 5 6

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