

118000125552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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09/07/18--01006 -010 **25.00

T. CLINE

SEP 12 2018

EXAMINER

2018 SEP -1 AM 8:52

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Theme Park Adventures of Orlando Limited Liability Corporation

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:

Jennifer Dalton

Name of Person

Theme Park Adventures of Orlando LLC

Firm/Company

17113 Cypresswood Way

Address

Clermont, FL 34714

City/State and Zip Code

jdalton@themeparkadventuresorlando.com

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

REC'D SEP - 7 AM 8:52

For further information concerning this matter, please call:

Jennifer Dalton

660 596-3000

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

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

Theme Park Adventures of Orlando 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 05/18/2018 and assigned
Florida document number L18000125552.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~Theme Park Adventures of Orlando LLC~~

Disregard CMD 8/27/18

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

Jennifer Paula Dalton authorized Member Address: 17113 Cypresswood Way, Clermont, FL. 34714

Jennifer Paula Dalton authorized Member Address: 17113 Cypresswood Way, Clermont, FL. 34714

SHIRLEY

(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)

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document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

8/27/2018

Signature of member _____

Signature of a member or authorized representative of a member

Christopher M Dalton

Typed or printed name of signee