

418000139971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

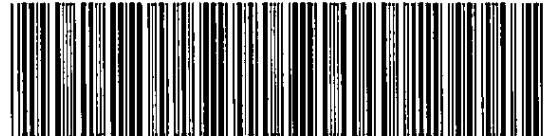
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP - 6 AM 10:39

N COOPER

SEP 12 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hidden Worlds Diving, 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:

Marissa Eckert

Name of Person

Hidden Worlds Diving, LLC

Firm/Company

222 SW Hawthorne Terrace

Address

Fort White, Florida 32038

City/State and Zip Code

Marissa@dive-caves.com

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

For further information concerning this matter, please call:

Marissa Eckert

610

3108210

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**

(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 June 6, 2018 and assigned
Florida document number 118000139971.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

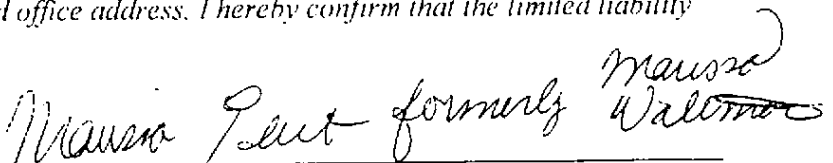
Name of New Registered Agent: Marissa Eckert

New Registered Office Address: 222 SW Hawthorne Terrace
Enter Florida street address

Fort White, Florida 32038
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.


Marissa Eckert formerly Waltons
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	Marissa Waltman	222 SW Hawthorne Terrace Fort White Fl 32038	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marissa Eckert	222 SW Hawthorne Terrace Fort White Fl 32038	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)

I have attached my divorce decree which was e-filed so shows my legal name change.

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E. Effective date, if other than the date of filing: immediately (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 _____

 formerly 
Signature of a member or authorized representative of a member

Marissa Eckert (formerly Marissa Waltman)

Typed or printed name of signee

F. The Husband, WADE KYLE WALTMAN, and Wife, MARISSA ANNE WALTMAN, were married on Thursday, March 26, 2015. Their marriage is irretrievably broken.

G. The parties have testified that they have no assets or liabilities for the Court to divide.

H. The Wife requested restoration of her former name.

I. The parties each waived any entitlement to spousal support (alimony) from the other party.

WHEREFORE, it is **ORDERED**:

1. **DISSOLUTION OF MARRIAGE**: The marriage between the Husband, WADE KYLE WALTMAN, and Wife, MARISSA ANNE WALTMAN, is dissolved because it is irretrievably broken.
2. **NAME CHANGE**: The Wife shall now be known by her former name of MARISSA ANNE ECKERT.
3. **JURISDICTION**: Except as to the Dissolution of Marriage, the Court retains jurisdiction of the parties to enter whatever other and further orders may be necessary in the interest of civil justice.

DONE AND ORDERED in Gainesville, Alachua County, Florida on this Tuesday, August 28, 2018.

01-2018-DR-002347 08/28/2018 11:56:45 AM


Victor L. Hulslander, Circuit Judge

01-2018-DR-002347 08/28/2018 11:56:45 AM

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that copies have been furnished by U.S. Mail or via filing with the Florida Courts E-Filing Portal on Thursday, August 30, 2018 to the following:

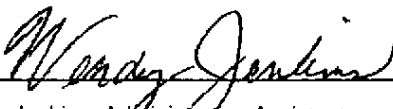
WADE KYLE WALTMAN
1505 FT CLARKE BLVD APT 12-205
GAINESVILLE, FL 32606

MARISSA ANNE WALTMAN
marissa@dive-caves.com

WADE KYLE WALTMAN
wwaltman@gmail.com

MARISSA ANNE WALTMAN
1468 SW MAIN BLVD SUITE 105-42
LAKE CITY, FL 32025

01-2018-DR-002347 08/30/2018 09:22:35 AM


Wendy Jenkins, Administrative Assistant
01-2018-DR-002347 08/30/2018 09:22:35 AM

Under the Americans with Disabilities Act, if you are a person with a disability who needs any accommodation in order to participate in a proceeding, you are entitled to be provided with certain assistance at no cost to you. Please contact the ADA Coordinator at (352) 337-6237 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days. If you are hearing or voice impaired, call 1-800-955-8770 via Florida Relay Service.