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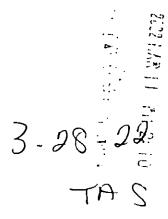
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COVER LETTER

TO:

TO: Registration S Division of Co			
	al Adventures LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Maja Kieffer		
		Name of Person	
	ALK Adventures LLC		
		Firm/Company	
	13805 Donovan Lane		
		Address	
	Grand Island, FL 32735		
	maja.kieffer@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Maja Kieffer		407 922-3337 at ()	
N'ame (of Person	at () Area Code Daytime Telepho	ne Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Torporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exceptional Adventures LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Comp	any were filed on 09/18/2018	and assigned
lorida document number L18000221915		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ALK Adventures LLC		
he new name must be distinguishable and contain the words "Limited L	iability 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	ù	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		. D3
If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
		orida
	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

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>	Address	Type of Action
			□Add
			□Remove
			□Change
		<u>-</u>	bbA□
			□Remove
			□ Add
		<u> </u>	Remove
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			Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory from the date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
ted	
May a Kul Signature of a member or authorized representa	