## 1190000 86081

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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
		cenic Tours, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Renee O'Neal		
			Name of Person	
			Firm/Company	
		17105 Gulf Blvd, unit 311		
		North Redington Beach, F	Address L 33708	<del></del>
			City/State and Zip Code	<del></del>
		reneety1@gmail.com		<u>V</u>
For fur	ther information c	h-mail address: ( oncerning this matter, please ca	to be used for future annual report not all:	(Heation)
Renee	O'Neal	<u> </u>	727 437-8375 at ()	
	Name o	f Person	Area Code Daytim	ie Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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

Sunshine Scenic Tours, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with the Horida document number L19000086081	vere filed on 3/28/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		, <sup>2</sup> 6
Enter new mailing address, if applicable:		20 (P.)
(Mailing address MAY BE A POST OFFICE BOX)		. <u>n</u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the name of the ne
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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
AMBR	Chris Leedom	3218 Signet Ct Sarasota, FL 34240	
			Remove
			Change
			☐ Remove
		<del></del>	( Change
			Add
			☐ Remove
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			☐ Remove
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Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4/4/19
	Tener OVI
	Signature of a member or authorized representative of a member
	Renee O'Neal

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Typed or printed name of signee

Filing Fee: \$25.00