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Amend

JUN 28 2019 I ALBRITTON

## **COVER LETTER**

	RUMAWA	Y ADVENTURES, LLC	,		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return	all correspo	ondence concerning this matter	to the following:		
		MATTHEW SCARPELLI			
			Name of Person		
		2812 S. EDGEHILL LAN	Firm/Company E		
		HOLYWOOD, FL 33026	Address		
		CAPTAINPEPPERS@HOT	City/State and Zip Code		
		E-mail address: (	to be used for future annual	report notificat	ion)
For further in	nformation c	oncerning this matter, please ca	all:		
MATTHEW	SCARPEL	LI		1-4784	
	Name o	f Person	at ()	Daytime Te	lephone Number
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET	COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUMAWAY ADVENTURES, LLC

( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears o imited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000131899</u>	npany were filed on $\frac{MAY}{}$	15, 2019	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here	:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		201	
		··		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			<u>.</u> .ک	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		our records, <u>enter th</u>	<u>c name of the n</u>	
, , , , , , , , , , , , , , , , , , ,	···			
New Registered Office Address:	Enter Florida	i street address		
	, Florida			
	City		Zıp Code	
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agential being filed to merely reflect a change in the registered of company has been notified in writing of this change.	uplete performance of my not as provided for in Cha	v duties, and I am fan apter 605, F.S. Or, if	ullar with and this document is	

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>	Type of Action
AMBR	MATTHEW L SCARPELLI	2812 S. EDGEHILL LANE HOLLYWOOD, FL 33026	<b>⊒</b> Add
			<del></del>
			□ Remove
	PRICTES IN DETUNIC		☐ Change
AMBR	KRISTEN D BREUNIG		
			Remove
		2812 S. EDGEHILL LANE HOLLYWOOD, FL 33026	- Ch
			<b>□</b> Change
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Affective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior does not meet the applica	able statutory filing req		
e record specifies a delayed e The 90th day after the record		t an effective time	, at 12:01 a.m. on	the earlier of
JUNE 10	2019	<u> </u>		
			<del></del>	
			_	
Sig	name of a member or author	orized representative of a	member	

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Filing Fee: \$25.00