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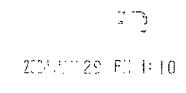
## **COVER LETTER**

TO: Registration Se Division of Cor			٠		
	MILY ADVENTURES LLC				
Name of Limited Liability Company					
	Amendment and fee(s) are sub ondence concerning this matter				
	James Andrews				
	<del></del>	Name of Person			
	Andrews Accountancy LL	С			
		Firm/Company	<del></del>		
	8566 NW 19th Dr				
		Address			
	Coral Springs, FL 33071				
		City/State and Zip Code			
	jand592040@aol.com				
For further information of	concerning this matter, please o	to be used for future annual report notif all:	(Realien)		
James Andrews		305 323 1278 at ( )			
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<b></b>					

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SMITH FAMILY ADVENTURES LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	F)	
The Articles of Organization for this Limited Liability Company	were filed on 08/27/2019	and assigned	
Florida document number L19000218378			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	839 Oak Shadows Road		
(Principal office address MUST BE A STREET ADDRESS)	Celebration, FL 34747		
Enter new mailing address, if applicable:	839 Oak Shadows Road		
(Mailing address MAY BE A POST OFFICE BOX)	Celebration, FL 34747		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<del></del>	City , Flo	rida	
	City .	ир Сове	

## 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 amending Anthorized 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
MGRM	Laura Helen Smith	839 Oak Shadows Road, Celebration, FL 34747	<b>=</b> Add
			Петюче
			Change
<del></del>			□Add
			□Remove
	/		Change
			□Add
			Remove
			Change
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			□ Remove
			Change

Effective date, if other than the date of filling:  [	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the locument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (d is filed.	
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lanuary 24 2020	lonal) or filing.) Pursuant to 605.020 ais date will not be listed a
ated January 24 2020	b) The 90th day after the
Cour Suit.	
Signature of a member or authorized representative of a member	
Gavin P Smith	

Filing Fee: \$25.00