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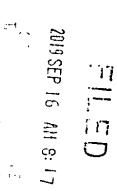
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COVER LETTER

TO:

TO:	Registration Se Division of Cor						
CHID IE	CV # 1	OKEECHOBEE AIRBOAT RIDES AND GUIDE SERVICE LLC					
SUBJEC	~1; <u> </u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		KENNETH ELKINS					
		OKEECHOBEE AIRBOAT	Name of Person RIDES AND GUIDE SERVICE LL	.c			
		Firm/Company 1858 SW 28TH AVE					
	Address OKEECHOBEE FLORIDA 34974						
		City/State and Zip Code MARSHBEAST@GMAIL.COM					
For furth	ner information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report no all:	otification)			
	CASTER		772 5672128				
	Name o	f Person	at () Area Code Dayti	me Telephone Number			
Enclosed	I 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 tadditional copy is enclosed)			
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUI Registration Sect Division of Corp Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OKEECHOBEE AIRBOAT RIDES AND GUIDE SERVICE LLC

(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 AUGUST 29 2019 __ and assigned Florida document number L19000220798 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) 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: New Registered Office Address: Enter Florida street address _. Florida __

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.

City

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
MBR	VICKIE L ELKINS	1858 28TH AVE OKEECHOBEE FL 34974	Add
			☐ Remove
			□ Change
			Add
		 -	□ Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			Change
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			Remove
		Change	
			Add
			☐ Remove
			Change

D. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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F. F. Commanda and S. C. Callerina de la calle de la c	dans of fillings
(If an effective date, it other than the discontinuous) Note: If the date inserted in this blood document's effective date on the Department.	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
f the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier of: ord is filed.
SEPTEMBER 11 Dated	2019
at he	<u> </u>
S	Signature of a member or authorized representative of a member
KENNETH ELKINS	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00