

L20000144618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

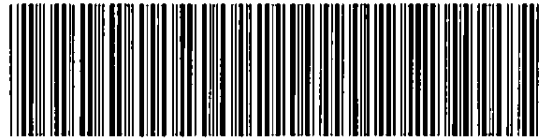
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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stay and Play Tours, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Soska  
Name of Person

Stay and Play Tours, LLC  
Firm/Company

1460 S.E. 15<sup>th</sup> Street, Unit B  
Address

Fort Lauderdale, FL 33316  
City/State and Zip Code

hello@tikitimepartyboats.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Frank Soska at (954) 562-9402  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

Stay and Play Tours, 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 5/28/2020 and assigned  
Florida document number L20000144618.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

1460 SE 15<sup>th</sup> Street

Unit D

Fort Lauderdale, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1460 SE 15<sup>th</sup> Street

Unit D

Fort Lauderdale, FL 33316

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:

Frank Soska

New Registered Office Address:

1460 SE 15<sup>th</sup> Street, Unit D

Enter Florida street address

Fort Lauderdale, Florida 33316

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>	<u>Address</u>	<u>Type of Action</u>
President	Frank Soska	1460 SE 15 <sup>th</sup> St., Unit D	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leanne Deitrick	1460 SE 15 <sup>th</sup> St., Unit B	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 APR -9 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 APR -9 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLA.  
2021 APR -9 PM 2:15

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 8<sup>th</sup>, 2024,

Signature of a member or authorized representative of a member

Frank Soska  
Typed or printed name of signee