

L20 000 15 1724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

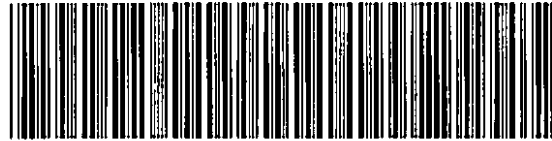
(Document Number)

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2020 AUG 27 PM 3:16

FILED

AUG 27 2020

S. YOUNG



2020 AUG 10 11:47  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2020

JOSH LEONARD  
MOKEN ADVENTURES  
1018 55TH AVENUE N  
ST PETERSBURG, FL 33703

SUBJECT: MOKEN ADVENTURES LLC  
Ref. Number: L20000151724

We have received your document for MOKEN ADVENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 820A00014977

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Molken Adventures  
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:

Josh Leonard  
Name of Person

Molken Adventures  
Firm/Company

1018 55th Ave N  
Address

St Petersburg Florida 33703  
City/State and Zip Code

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

For further information concerning this matter, please call:

Timothy Leonard at (770) 361-6253  
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**

\_\_\_\_\_  
**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

2020 JUN 21 PM 3:16

11111111

The Articles of Organization for this Limited Liability Company were filed on June 1, 2020 and assigned Florida document number L20000151724.

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)** \_\_\_\_\_  
\_\_\_\_\_

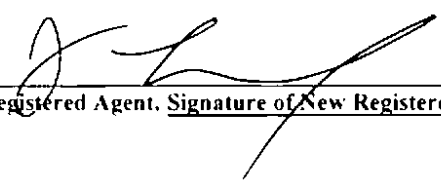
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_ Josh Leonard \_\_\_\_\_

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Josh Leonard	1018 55th Ave N	<input checked="" type="checkbox"/> Add
		St. Petersburg FL 33703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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