

da Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003902643)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. annual report mailings. Enter only one email address please.**

Email Address:	
----------------	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FATHOMLESSADVENTURESLLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25,00

Electronic Filing Menu — Corporate Filing Menu

Help

Registration Section

TO:

From: Rajiv Srivastava

COVER LETTER

Division of Cor	porations		
	LESS ADVENTURES LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing	
Please return all correspo	ondence concerning this matter t	o the following:	
	Mike Town		
		Name of Person	
	Legalzoom, com, Inc		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
		City/State and Zip Code	
	diverkaelyn@gmail.com		
For further information c	E-mail address. (to oncerning this matter, please ca	o be used for future annual report not []-	fication)
Mike Town	٠,٠	800 773-0888	
Name o	a Person	at ()	ie Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Piling Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corporation	n .
I'O B	on 6327 assec, FL 32314	Cliften Building 2661 Executive Ce	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED

2024 NOV 25 PM 12: 56

FATHOMLESS ADVENTURES LLC		TALLAHASSEE EI ORIOA
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our londa Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number <u>1.20600311345</u>	ity Company were filed on 10/02/2020	and assigned
This amendment is submitted to amend the following	A;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and comain the words	"Limited Liability Company," the designation	n *LLC" or the abbreviation * L,L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
_		
	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>	Name	<u>Address</u>	Type of Action
AMBR	Kaciyn Warden	7177 Scott Ave , Mount Dora, FL 32757	≅ Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
	mem-10m		
			Remove
			Change
			🖸 Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
		***************************************	□ Remove
			□ Change

					····				, · · · · · · · · · · · · · · · · · · 	
					<u>-</u>	T-FE-17-		<u>.</u>		
_										
J					· · · · · · · · · · · · · · · · · · ·					

				·						
_							- 1, 50 11 50	2;	2024	
			·	-	··· -			ALLAHASSEE.	1024 NOV 25	77
_									<u>حج</u> ـــ	ī
								338		ITT
								FLORID	Z Z	
_					·				~ <u>~~</u>	
				··				>		
_				· · · · · · · · · · · · · · · · · · ·						
		<u></u>			<u> </u>		 			
										
(If an effec Note: Ti	te date, if other cuve date is listed f the date insert int's effective da	l, the date must be ed in this block	e specific and a does not m	cannot be price leet the appl	or to date of t reable statut	iling or more t	han 90 days at	otional) fer filing) Pur his date will	suant to 605 not be liste	.0207 (3 ed as the
	ord specifies 90th day afte			ate, but n	ot an eff ϵ	ective time	e, at 12:01	la.m. on t	he earlie	er of:
1	11-24/2024	***************************************	,							
Dated _										
Dated _	/S/ Kae	iyn Anne	vvaluci	' '						
Dated _	/S/ Kae	iyn Anne	gnature of a n	nember or aut	housed repre	sentative of a	member			

Page 3 of 3

Filing Fee: \$25.00