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DIVISION OF CORPORATIONS
2021 MLY 4 FM 12:.07

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	DUN Reci	PEATION Adun	TURESLIC
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	000361092540 03/04/2101022021 **35.00
Please return all correspondence	ondence concerning this matter	to the following:	03/04/2101022021 33.00
	1/2	EVIN TULL Name of Person	<u>/</u>
		ATZT DUNC	din
	966	Douglus Av	Le APT208
	Dun	VediN, FL City/State and Zip Code	34698
	1:-mail address: ()	to be used for inture annual report in	MASL.COM otification)
For further information of	concerning this matter, please ca	all:	
HEVI Name o	W TULLY of Person	at (<u>3/4)</u> Area Code Day(ime Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUN RECRE	EATION ASVENTURES LLC
(<u>Name of the Limited Liability Compa</u> (λ Florida Limited L	sability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>42/000/</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	966 DOUBLAS AVE APT 208 DUNELIN, FL 3469
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	466 DOUGLAS AVE APT JOS DUNEDIN, FL 34698
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new register
Name of New Registered Agent:	202
New Registered Office Address:	. Si0x
New Registered Office Address.	Enter Florida street address 9,
	Florida
	Cay Zap Code 🕱 😜
New Registered Agent's Signature, if changing Registered Agent:	2::1
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notitied in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
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te: If the date	inserted in th	the date of fili must be specific a is block does not be Department of	t meet the app	licable statuto	ng or more than try filing require	(optional 0 days after filin ements, this dat) g.) Pursuant to 605.02 e will not be listed :
cord specifies s filed.	a delayed effe	ective date, but n	ot an effective	e time, at 12:0	l a.m. on the ea	irlier of: (b) = 1	The 90th day after th
ed <i>6</i>	-16-	202/	1. <u> </u>	J.		My	

Filing Fee: \$25.00