## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Numbe: : (850)617-6383

Promi

Account Name : LEGALZCOM.CCM INC. Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIDDEN SCENERY KAYAKING LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

AUG 2 5 2021

A. LUNT

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Help

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Tallahassee, FL 32314

## **COVER LETTER**

TO: Registration Se Division of Cor			
HIDDEN S	CENERY KAYAKING LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	1021 HO
Please return all correspo	indence concerning this matter	to the following:	· · · · · · · · · · · · · · · · · · ·
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	wiles7606@gmail.com	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co		
Cheyenne Moseley		800 773-0888	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	ha fallowing amount:		
S25.00 Filing Fee	S30.00 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)
Regist	.ING ADDRESS: ration Section	STREET/COURI Registration Sectio Division of Corpor	n
Division of Corporations P.O. Box 6327		Clifton Building	

Tallahassee, FL 32301

2661 Executive Center Circle

From: Sylvia Paull

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIDDEN SCENERY KAYAKING LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000154709  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabil	SECRETARY OF CALL	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.	
Enter new principal offices address, if applicable:	943 Meadow Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres, FL 33973	
(Frincipal office data CSS SECOLDE ) TO FREE FOR THE SECOND		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	943 Meadow Rd. Lehigh Acres. FL 33973	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	ffice address on our records, enter the name of the ne	
New Registered Office Address.	Enter Florida street address	
	Florida	
	Cuy Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  1 hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	we to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, E.S. Or, if this document is	
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	college I hardy confirm that the limited lightlift	

If Changing Registered Agent, Signature of New Registered Agent

LegalZoom.com, Inc.

From: Sylvia Pauli

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	Address	Type of Action
MGR	WILES, PATRICK L		
			☐ Remove
		943 Meadow Rd., Lehigh Acres, FL 33973	■ Change
MGR	WILES, TEDRA ANN		□ Add
			☐ Remove
		943 Meadow Rd., Lehigh Acres, FL 33973	_ ■ Change
			Remove
			D Add
			☐ Remove
			Change
<del></del>			
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

13-Aug-2021 12:59 Fax D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3%b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. gnature of a member or authorized representative of a member Patrick L Wiles

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Typed or printed name of signee

Filing Fee: \$25.00