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(Requestor's Name)
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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
OUD ID CO.		R ADVENTURES LLC		
SUBJECT:	-	Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO		
			to be used for future annual report n	otification)
For further in	iformation e	oncerning this matter, please c	all:	
LOVETTE	OOBSON		888 462-3453	
	Name o	f Person		ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
Reg Div P.O	ling Addressistration Sision of Co. Box 632 lahassee, F	Section orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ŀ	ET WATER ADVENTURES LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 04/09/2021	and assigned
lorida document number L21000165702		
his amendment is submitted to amend the following	ng:	
If amending name, <u>enter the new name of the</u>	limited liability company here:	
&C UNIQUE SERVICES LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable	••	
Principal office address MUST BE A STREET A.		
THE DUTCE MALESS STOST DE A STREET A.	DDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
. If amending the registered agent and/or regist	tered office address on our records, <u>enter th</u>	e name of the new registe
gent and/or the new registered office address he	<u>ere</u> :	
Name of New Registered Agent:		
Name Description of Office Address		
New Registered Office Address:	Enter Florida street address	· -
 -	Flori	
	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 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
AMBR	Carini Damacena	133 Nw 2nd St	= Add
		Deerfield Beach, FL 33441	□Remove
			□Change
			🗀 Add
			□Remove
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ective date, if other than the oneffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet the applica	o date of filing or more than 90 ble statutory filing require	(optional)) days after filing.) Pursuant to 6 nents, this date will not be li	05.020 isted a
cord specifies a delayed effective s filed.	date, but not an effective tir	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day af	ter the
_	2021			
ed May 30	·	 `		
ted May 30	Mex. Signature of a member or author	 `		