

L21 000 273 597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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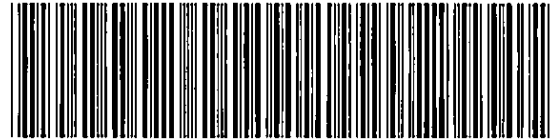
(Business Entity Name)

(Document Number)

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24 MAY 29 PM 2:50
CLERK OF SUPERIOR COURT
JULIA A. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mortem Manor Haunted Attraction LLC
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:

Bradley Webb
Name of Person

Mortem Manor Haunted A Hraction
Firm/Company

1025 Elliot Dr
Address

Hendersonville TN 37075
City/State and Zip Code

bradwebb1979@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Webb at (615) 496-5864
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**

Mortem Manor Haunted Attraction

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

The Articles of Organization for this Limited Liability Company were filed on May 28, 2021 and assigned Florida document number L21000273597

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5770 W. Irla Bronson Mem Hwy
Kissimmee, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5770 W. Irla Bronson Mem Hwy
Kissimmee, FL 34746

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:

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 & AMBR	Thaddeus J. Sobek	1619 Annette Ave	<input type="checkbox"/> Add
		South Park PA 15129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR & AMBR	Bradley Webb	1025 Flint Dr	<input checked="" type="checkbox"/> Add
		Hendersonville TN	<input type="checkbox"/> Remove
		37075	<input type="checkbox"/> Change
MGR & AMBR	Tyler Kozar	2008 Barbara Way	<input type="checkbox"/> Add
		Pittsburgh PA 15205	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change (address)
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

