LZ1000332842

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
tified Copies	_ Certificates	of Status
pecial Instructions to	Filing Officer:	

Office Use Only



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O SIMMONS SEP 24 2021

COVER LETTER

Registration Section Division of Corporations

KNA ADV	ENTURES LLC DBA BAYSI	DE KAYAK RENTALS	
	Name of Lim	ited Liability Company	
iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
	KIMBERLY RICKSON		
		Name of Person	<u></u>
		Firm/Company	
	674 LAKEMONT DR		
		Address	
	BRANDON, FL 33510		
	KIMMIE.RICKSON11@G		
	E-mail address: (to be used for future annual report notif	ication)
urther information c	oncerning this matter, please ca	all:	
BERLY RICKSON		708 921-3045	
Name o	f Person	Area Code Daytime	Telephone Number
osed is a check for the	ne 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

221 SEF 13 AN 6:53

KNA ADVENTURES LLC DBA BAYSIDE KAYAK RENTALS

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

rticles of Organization for this Limited Liability Company	were filed on 07/22/2021	and assigned
a document number 1.21000332842		
mendment is submitted to amend the following:		
amending name, enter the new name of the limited liab	ility company here:	
w name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	LC" or the abbreviation "L.L.C."
r new principal offices address, if applicable:		
cipal office address MUST BE A STREET ADDRESS)		
oper office water, red i viz i di i di i di i di i di i		
r new mailing address, if applicable:		
ling address MAY BE A POST OFFICE BOX)	 	
f amending the registered agent and/or registered office a stand/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>ents</u>	
New Registered Office Address:		
	Enter Florida street addr	ess
		F lorida
	City	Zip Code
Registered Agent's Signature, if changing Registered Agent:		
reby accept the appointment as registered agent and agree visions of all statutes relative to the proper and complete ept the obligations of my position as registered agent as paying filed to merely reflect a change in the registered office appany has been notified in writing of this change.	performance of my duties, provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is
If Char	nging Registered Agent, Signatur	e of New Registered Agent

noting Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added loved from our records:

= ManagerR = Authorized Member

Name	Address 211 Ser 13 Mt 6:53	Type of Action
NABA ALZHYRI	674 LAKEMONT DR	🗀 Add
	BRANDON, FL 33510	□Remove
		Change
KIMBERLY RICKSON	674 LAKEMONT DR	
	BRANDON, FL 33510	
		□Change
· · · · · · · · · · · · · · · · · · ·		□Add
		Remove
		□Change
		DAdd
		🗆 Remove
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e date, if other than the date of filing:		32182 13 AM 6:53
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mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)