12/00532353

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COVER LETTER,

TO:		Corporations					
j		Gulf Adventures, LLC	•				
SUBJE	CT:	Name of Li	mited Liability Company				
The end	closed Articles	of Amendment and fee(s) are su	bmitted for filling.				
Please i	return all corre	spondence concerning this matte	r to the following:				
		Jon P Spangler					
	Name of Person						
	Florida Gulf Adventures, LLC						
	Firm/Company						
	Address						
	North Port, FL 34286						
	ion@iloridaenHadveatures.com						
		li-mail address:	(to be used for future annual report notification)				
For furt	ther informatio	on concerning this matter, please	call:				
Jon P S	spangle:		941 303-0371				
Name of Person		te of Person	at () Area Code Daytime Telephone Number				
Enclose	ed is a check fo	or the following amount:					
	5,00 Filing Fee		☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	P.O. Box (on Section f Corporations	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

Florida Gulf Adventures, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iability Company)	<u>.</u> j
The Articles of Organization for this Limited Liability Company	were filed on 12/20/2021	and assigned
Florida document number L21000532353		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter t</u>	he name of the new registers
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, h	d Lam familiar with and S.S. Or, if this document is:
If Char	wing Registered Agent, Signature of	

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
MGR	Brystarfer Milliken	SS18 Alam Ave	■Add
		North Port, FL 34287	
	· ·		[]Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			∐Add
			□Remove
			Change
			□Add
			COREMOVE
			DAG TO THE REPOVE
			□ Change

4.4.18.18.			
····			
hating duty if other thus the	data of filings	(ont	tional)
reffective date is listed, the date mus	date of filing:t be specific and cannot be prior to date	of filing or more than 90 days after	er filing.) Pursuant to 605.020
te: If the date inserted in this blooment's effective date on the De	ock does not meet the applicable st epartment of State's records.	autory tring requirements, to	iis date will not be usted a
cord specifies a delayed effective	e date, but not an effective time, at	12:01 a.m. on the earlier of: ((b) The 90th day after the
s filed.			
, July 3 ist	2024		_ •
led			200
	0000		
	Signature of a nomber or authorized	representative of a member	<u>්</u>
Jon P Spangler			7 PH

Filing Fee: \$25.00