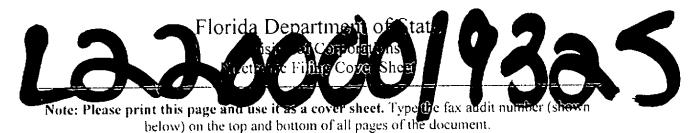
Division of Corporations



(((H220000415343)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM 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 omail address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEI'D BACK TIKI TOURS LLC Jertificate of Status Certified Copy Page Count \$55.00 Estimated Charge

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T. LEMIEUX FEB 0 2 2022

COVER LETTER TO: Registration Section **Division of Corporations** LEI"D BACK TIKI TOURS LLC -SUBJECT: 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:

	Name of Person			
	Legalzoom.com, Inc.			
	Firm/Company			
	101 N Brand Blvd 11th Fl			
	Address			
	Glendale, CA 91203			
	City/State and Zip Code			
	admin@leidbacktikitours.com			
	E-mail address: (to be used for future annual report notification)			
or further informati	on concerning this matter, please call:			
heyenne Moseley	at ()			
Sin	me of Person Area Code Daytime Telephone Number			

☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: +18506176383

## From: Sytvia Paull

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida	y Company as it now appears on our records. Limited Liability Company)	)
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/10/2022	and assigned
Florida document number 1.22000019325		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
LEFD BACK TIKI TOURS LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	tered office address on our records	, enter the name of th
B. If amending the registered agent and/or regis registered agent and/or the new registered office addi	tered office address on our records ress here:	, <u>enter the name of th</u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office addi	tered office address on our records ress here:	, enter the name of th
registered agent and/or the new registered office addi	tered office address on our records ress here:	•
Name of New Registered Agent:	ress here:	1
registered agent and/or the new registered office add	Four bloods street address	
Name of New Registered Agent:	Four bloods street address	1

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>	Address	Type of Action
AMBR	NEWMAN, BRIAN K		
		H637 QUAIL RUN DR. FORT MYERS, FL 33908	■ Remove
			☐ Change
AMBR	Brian K Buesing	FORT MYERS, FL 33908	Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Remove
			Change
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			□ Remove
			□ Change

	Page: 6 of 6	on shangate) have. (Attach addition	al sheets if necessary l	•
D. If amending a	iny other information, ent	er change(s) here: (Attach addition	ut sheets, if hecessary.	
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(If an effective da Note: If the d	e, if other than the date of the is listed, the date must be specif- ate inserted in this block does fective date on the Departmen	fic and cannot be prior to date of fiting or mo not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant t requirements, this date will not b	o 605.0207 (3)(b) e listed as the
If the record sp (b) The 90th	pecifies a delayed effect day after the record is f	ive date, but not an effective tillied.	me, at 12:01 a.m. on the $\epsilon$	arlier of:
Dated	124	, 2022		
	122	·		
	Signature	of a member or authorized representative of	of a member	<del></del>
Ke	evin Newman	Typed or printed name of signee		<del></del>

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Filing Fee: \$25.00