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COVER LETTER

	Registration S Division of Co				
CHID LEC		LINE ADVENTURES LLC			
SUBJEC	-1; <u> </u>	Name of Lin	nited Liability Company		
The encl	osed Anicles of	Amendment and fee(s) are sul	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		SUSAN ELIZABETH KL	оск		
			Name of Person		
		ADRENALINE ADVEN	TURES LLC	A STATE OF THE STA	•
			Firm/Company		<u>-</u>
		6232 SW 29TH STREET		TR AND STATE	<u>ن</u>
			Address	ित्ते ।	>
		MIAMI, FL 33155			
			City/State and Zip Code		
		SKLOCK@RASCOKLOC	K.COM		
		E-mail address: (to be used for future annual report not	ification)	
For furth	er information o	concerning this matter, please c	all:		
SUSAN	ELIZABETH K	LOCK	305 613-7587		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed	is a check for the	ne following amount:			
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	Mailing Addres		Street Address:		
	Registration S Division of C		Registration Se Division of Co		
	P.O. Box 632		The Centre of 1	=	
	Tallahassee, I			e Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ADRENALINE	ADVENTE	IRES	1.1	\boldsymbol{C}

(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 FEBRUARY 28, 2022 and assigned Florida document number L22000104271

A. If amending name, enter the new name of the limited lis	ability company here:	??	n n o o
		<u> </u>	<u>. </u>
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation	"L.L.C.".
Enter new principal offices address, if applicable:			သ ဂၢို
(Principal office address MUST BE A STREET ADDRESS)		SEF.	EO
		77.5	Ö
		一一一	72
Enter new mailing address, if applicable:	6232 SW 29TH STREET		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33155		

Name of New Registered Agent:

SUSAN ELIZABETH KLOCK

New Registered Office Address:

6232 SW 29TH STREET

Enter Florida street address

MIAMI

Cin

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
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neffective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to date does not meet the applicable s	c of filing or more than 90 days : tatutory filing requirements.	after filing.) Pursuant to 605.02 , this date will not be listed
cument's effective date on the Depa		,g	
cord specifies a delayed effective d	ate, but not an effective time, a	t 12:01 a.m. on the earlier of	f: (b) The 90th day after th
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	2022		
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Filing Fee: \$25.00