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COVER LETTER

Division of Corporations Florida Adventure Academy, 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: Christopher Crawford Name of Person Florida Adventure Academy, LLC Firm Company 3810 MURRELL RD #267 Address Rockledge, Florida 32955 City/State and Zip Code erseraw@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(5.</u>)	
The Articles of Organization for this Limited Liability Con Florida document number 1.22000478367		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
CRAWFISH, LLC			
The new name must be distinguishable and contain the words "Limited			
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRES			
Enter new mailing address, if applicable:	NA	<u>~</u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		.0	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	iffice address on our records, <u>enter</u>	the name of the new regist	
Name of New Registered Agent:	4		
New Registered Office Address:	Enter Florida street addres	'w	
	, FR	orida	

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>	Type of Action
		NA	□Add
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