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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CP OF COCONUT CREEK 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: John Swartz Name of Person CP OF COCCINUTIONER Firm/Company 5356 NW 51ST CT Address Coconut Creek FL 33073 City/State and Zip Code john.swartz@cruiseplanners.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Swartz Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$60.00 Filing Fee, □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 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 Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CP OF COCONUT CREEK		
(Name of the Limited Liability Compania) (A Florida Limited Liability Compania)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L22000486416		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Dope Adventures LLC	n I I I I I I I I I I I I I I I I I I I	abbraviation "L.I.C."
Dope Adventures LLC The new name must be distinguishable and contain the words "Limited Liabili"	ty Company," the designation "LLC" or the	appreviation (c.c.c.
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ASSECT FILE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	perjormance of my duties, and Fa provided for in Chapter 605, F.S. (Or, if this document is

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
-			□Add
			□Remove
			Change
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			🗀 Adâ
		□Change	
			□Remove
		Change	

). If amending any other info	formation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
Note: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed as in the Department of State's records.
If the record specifies a de (b) The 90th day after th	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the record is filed.
Dated January 21st	2023
<u> </u>	
<u> </u>	Signature of a member or authorized representative of a member
John Swartz	
Junt Swartz	Typed or printed name of signee

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