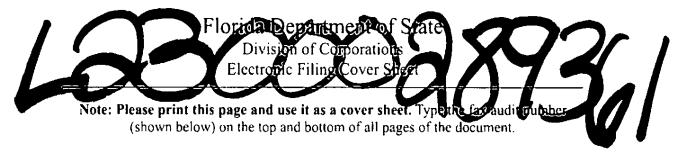
Division of Corporations



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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 : MYCOMPANYWORKS, INC.

Account Number : I20230000035 Phone : (702)362-2677 Fax Number : (702)825-2581

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENTOURAGE ADVENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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JUN 2 1 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	$\frac{7}{2}$		
Ę	Entourage Adventures, LLC		
	( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
			2'
The Articles	of Organization for this Limited Liability	y Company were filed on 06/16/2023	and assigned
Florida docu	ment number <u>L23000289361</u>		
This amends	nent is submitted to amend the following	:	
A. If amend	ding name, enter the new name of the l	imited liability company here:	
The new name	must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or	the abbreviation "L.1. C."
	-		
Enter new p	principal offices address, if applicable:		
(Principal o	ffice address MUST BE A STREET AD	DRESS)	
Enter new r	nailing address, if applicable:		
(Mailing add	dress MAY BE A POST OFFICE BOX)		
			2023
B. If ame	nding the registered agent and/or re	gistered office address on our records, <u>e</u>	nter the name of the nev
	gent and/or the new registered office a	<del>-</del>	· <del>.</del>
			N :
Na	me of New Registered Agent:		<b>,</b>
			·
<u>Ne</u>	w Registered Office Address:	Enter Florida street address	
		Lines I ay ma so cel data cos	<u> </u>
		, Florid	<b>a</b> Zip Code
		Cui.	гір Соне

## 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

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> If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

→ 18506176383

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael O'Brien	2530 Aqua Vista Blvd.	□ Add
		Fort Lauderdale, FL 33301	■ Remove
			☐ Change
AMBR Two Inn	Two Inn, ELC	2530 Aqua Vista Blvd.	<b>=</b> Add
		Fort Lauderdale, FL 33301	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
			Change
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			☐ Change
			□ Add
			☐ Remove
			☐ Change

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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be ock does not meet the a	pplicable statutory f		filing.) Pursuant to 605.0207 (
e record specifies a delayed The 90th day after the rec		it not an effectiv	e time, at 12:01 a	.m. on the earlier of:
Dated	. 2023			
/s/ Michael O'Brien				
	Signature of a member or	authorized representa	ive of a member	