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2021 MAR -4 AM II: 24 SECRETARY OF STATE

COVER LETTER

SUBJECT: Ghost and History Tours of Fernandina, LIC	-
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:	
Please return all correspondence concerning this matter to the following: Diane Blanton Name of Person Chast Fall History Tours of Fernandam, L Firm/Company 85638 Alene Rd Address Vuled 71 32097 City/State and Zip Code	
GNOST AND HISTORY TOUTS OF FERROMANA, L	
85638 Alene Rd AARY SFR 3 IT	• 1
Vulee 71 32097 FAI 2	
6/25Tax history tours of the agmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Diane Blanton at (904) 1012-1817 Name of Person Area Code Daytime Telephone Number	
inclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Status Scriffied Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified of Status Scriffied Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ghost and History	Tours of Ferna pany as it now appears on our records.)	andina, LLC
(A Florida Limite	d Liability Company)	/
The Articles of Organization for this Limited Liability Compar Florida document number $\underline{L24000089483}$.	ny were filed on <u>2)30 34</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
		202 SE
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" or	the abbroriation "
Enter new principal offices address, if applicable:	<u> </u>	AA 1
(Principal office address MUST BE A STREET ADDRESS)		ASSET A TO
Enter new mailing address, if applicable:		1:24 STATE
(Mailing address MAY BE A POST OFFICE BOX)		
(Maning unitess MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la Zip Code
	Cuv	zip Code

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 . Inoved from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Address Title Name** MGR Dinne Blanton 85638 Alene Rd Wadd and AMBR Yulee, 71 32097 DRemove Change Emove □Change \square Add □Remove □ Change \square Add □Remove □ Change \square Add □ Remove

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n effective date is list	ed, the date m	ust be specific an	d cannot be pr	ior to date of fili	ng or more than	90 days afte	r filing.) Pu	irsuant te	o 605.02
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cord specifies a de	layed effect	ive date, but no	t an effective	e time, at 12:01	l a.m. on the e	arlier of: (b) The 9	0th day	after th
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