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(Re	equestor's Name)			
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COVER LETTER

FO: Registration Se Division of Cor					
andrezer. TKC Adver	ntures LLC				
SUBJECT: TKC Adventures LLC Name of Limited Liability Company					
The enclosed Articles of	Amendment and feers) are subn	nuted for filing.			
Mease return all correspo	ndence concerning this matter (o the following:			
	Thomas Frechette				
		Name of Person			
		Furn Company			
	730 9th St SW				
		Address			
	Naples, Fl 34117				
		City State and Zip Code			
	tomf a collieray.com F-mail address (to	o be used for future annual report notif	ication)		
ror further information c	oncerning this matter, please ca				
Loomas Freeheite		_{901, 239} 3028019			
	f Person	at (239) 3028019 Area Code Daytime Telephone Number			
prefosed is a cheek for th	ie following amount				
828 (ii) Filing Fee	* \$30,00 Filing Fee & Certificate of Status	[\$55,00 Filling Fee & Certified Copy haddinoral copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		S Add.			
<u>Mailing Address:</u> Registration Section			Street Address: Registration Section		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TKC Adventures LLC		
(Name of the Limited Lia)	bility Company as it now appears on our records. rida I mitted Liability Company)	1
The Articles of Organization for this Limited Liability Florida document number <u>1.24000152861</u>	y Company were filed on 03/29/2024	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
TKU Lake Adventures LTC		
1 Cite Practice must be distinguishable and contain the words "I	Limited Fiability Company," the designation "FLC"	or the abbreviation "LLC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	2024 APF
Enter new mailing address, if applicable:		7-9 TARY ASSEE
(Mailing address MAY BE A POST OFFICE BOX)		AM IO: I
B. If amending the registered agent and/or registeragent and or the new registered office address her		en of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		* 1.
		rida

New Registered Agent's Signature, if changing Registered Agent:

The ebvace op the appointment as registered agent and agree to act in this capacity. I further agree to comply with the power stong of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is occur tiled 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

1 itle	<u>Name</u>	Address	Type of Action
			Remove
			= Change
			= \
			ZRemove
			Change
			=
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		·	Remove
			Change
-	<u></u>		Add
			Remove
-			
			Remove
			- Change

D. If amending any other information, enter change(s) here: vAttach additional sheets, it necessary, E. Effective date, if other than the date of filing: (optional) 15 in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3 (b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of, (b). The 90th day after the condistilled Dated Vpul 9th Thomas Frechette

Filing Fee: \$25.00

Typed or printed name of signer