## 174000211194

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Haligator L	LC			
SUBJECT.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	William Bell			
		Name of Person	<del></del>	
	New Business Filing			
		Firm/Company		
	8170 Washington Village	e Drive		
		Address		
	Dayton Ohio 45458			
	<u> </u>	City/State and Zip Code		
		to be used for future annual report notific	ation)	
For further information c	oncerning this matter, please c	all:		
William Bell		888 7016450 at ()		
Name o	of Person	Area Code Daytime 1	Celephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporation of Transport The Control of Transport The Control of Transport Tr	orations	
Tallahassee, 1			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ited Liability Company as it nov (A Florida Limited Liability Cor	r <u>appears on our records.</u> ) npany)
The Articles of Organization for this Limited I	Liability Company were filed	on 05/06/2024 and assigned
This amendment is submitted to amend the fol	Howing:	
A. If amending name, enter the new name	of the limited liability comp	eany here:
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAV RF A POST OFFICE		
(Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or	registered office address or ess here:	our records, <u>enter the name of the new reg</u> ist
B. If amending the registered agent and/or	registered office address or	our records, enter the name of the new regist
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address or ess here: Valerie Perry 6505 Us Highway 301 N	orth Lot B6
agent and/or the new registered office address  Name of New Registered Agent:	registered office address or ess here: Valerie Perry 6505 Us Highway 301 N	our records, enter the name of the new regist orth Lot B6  nter Florida street address  Florida 34222

## 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.

Water Park

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>	Address	Type of Action
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			□Remove
			Change
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