

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
ADVENTURES AWAY VACATIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

FEB -8 2022

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Corporate Filing Menu

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2022 FEB -7 AM 11:06

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 FEB -7 AM 10:18

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Any Adventure Vacations, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Kotsifas

Name of Person

Any Adventure Vacations, LLC

Firm/Company

8064 W. Iliff Lane

Address

Lakewood, CO 80227

City/State and Zip Code

aavowners@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Kotsifas

Name of Person

at (302) 494.0117

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Text

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2022 FEB -7 AM 10:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Adventures Away Vacations LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M21000000809

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/21/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Any Adventure Vacations, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

SECRETARY OF STATE
FLORIDA

2022 FEB -7 AM 10:18

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Rebecca B Kotsifas

Signature of the authorized representative

Rebecca (Becky) Kotsifas

Typed or printed name of signee

Filing Fee: \$25.00

FILED

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "ADVENTURES AWAY
VACATIONS LLC", CHANGING ITS NAME FROM "ADVENTURES AWAY
VACATIONS LLC" TO "ANY ADVENTURE VACATIONS, LLC", FILED IN THIS
OFFICE ON THE FOURTH DAY OF FEBRUARY, A.D. 2022, AT 11:34
O'CLOCK A.M.



7943837 8100
SR# 20220372745

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202589026
Date: 02-07-22

H22000048769 3

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:34 AM 02/04/2022
FILED 11:34 AM 02/04/2022
SR 20220372745 - File Number 7943837

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Adventures Away Vacations, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Name Change
Any Adventure Vacations, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on,
the 4th day of February, A.D. 2022.

By: Rebecca Kotsifas
Authorized Person(s)

Name: Rebecca Kotsifas
Print or Type