

M2100000809

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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: _____

2022 FEB -7 AM 11:06

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

SECRETARY OF STATE
FACILITY MANAGEMENT

2022 FEB -7 AM 10:18

FILED

FEB -8 2022

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. Iloff 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 at (302) 494.0117
Name of Person 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
TALLAHASSEE, FLORIDA

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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>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
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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 signer

Filing Fee: \$25.00

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RECEIVED
STATE OF ARIZONA
SECRETARY OF STATE

FILED

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.

Handwritten signature of Jeffrey W. Bullock, Secretary of State of Delaware, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7943837 8100
SR# 20220372745

Authentication: 202589026
Date: 02-07-22

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

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