## 117000249416

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations					
Orlando D	ive Academy, LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and feets) are sub	omitted for filing.			
Please return all corresponding	ondence concerning this matter	to the following:			
	Jacqueline Horner				
Name of Person					
	Orlando Dive Academy				
Firm Company					
	106 Dellwood Dr				
		Address			
	Longwood, FL 32750			<u> </u>	
		City <sup>2</sup> State and Zip Code			
	orlandodiveacademy(a gma	tl.com to be used for future annual report noti	tiati.as	26	
For further information c	concerning this matter, please c	·	nearwii)		
Jacqueline Horner		407 399-4774 at ()		11. 17. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Name c	d Person	Area Code Dayum	e Felephone Number	, · ·	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
Mailing Address: Registration Section		Street Address: Registration Sec	ction		
Division of Corporations		Division of Cor	porations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando Dive Academy, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12 06/2017 and assigned Florida document number  $\frac{1.17000249416}{1.17000249416}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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) B. If amending the registered agent and/or registered office 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

## 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.

City

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
AMBR	Terrence Horner	106 Dellwood Dr. Longwood, Fl. 32750	<b>=</b> Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
	<del>-</del>		
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			− □Change ·
			13 0 Add 2
			⊑Remove
			□Change
	<del></del>		
			□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee

Jacqueline Horner