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(((11240000210383)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : I20190000128 Phone : (850)769-3434 : (251)544-1643 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

jcampfield@handfirm.com



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMERALD COAST PADDLE & SURF HOLDING, LLC

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K. SALY

JAN 17 2024

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TO: Registration Se Division of Con			
	O COAST PADDLE & SURF	HOLDING, LLC	
SUBJECT:	Name of Lin	tited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica Campfield		
		Name of Person	
	Hand Arendall Darrison Sa	ale, LLC	
	-	Firm/Company	
	35008 Emerald Coast Pkw	ry, Ste. 500	
		Address	
	Destin, FL 32541		
		City/State and Zip Code	
	jeampfield@handfirm.com		
		to be used for future annual report notif	ication)
For lurther information c	oncerning this matter, please c	all:	
Jessica Campfield		850 650-0010 at ()	
Name c	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
<u>MailingAddres</u> Registration		<u>StreetAddress:</u> Registration Sec	ction
Division of C	Corporations	Division of Corp	porations
P.O. Box 632		The Centre of T	
Tallahassee	FT 37314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

To:

DocuSign Envelope ID: E3B4198A-1842-408E-A1A1-B808E0E58A91

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## EMERALD COAST PADDLE & SURF HOLDING, 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 $\frac{03/14}{2}$	/2023	and assigned
Florida document number L23000118044			्र. 
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	;	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the desi	gnation "LLC" or the ab	previation "L.L.C."
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 agent and/or the new registered office address here:  Name of New Registered Agent:	address on our reco	ords, <u>enter the name</u>	e of the new registered
New Registered Office Address:			
	Enter Florida	i street address	
	City	Florida	Zin Ca Ja
New Registered Agent's Signature, if changing Registered Agent:	City		2.1 <i>p</i> C.δαε
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and I am f apter 605, F.S. Or,	amiliar with and if this document is
If Char	nging Registered Agent	t. Signature of New Reg	istered Agent

From: Santa Rosa Beach Receptionist

DocuSign Envelope ID: E3B4198A-1B42-4D8E-A1A1-B808E0E58A91
H amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	R. Branch McClendon	827 E Mack Bayou	<b>=</b> Add
		Santa Rosa Beach, FL 32459	□Remove
			☐ Change
			□Add
			Remove
<del></del>			Remove  Change  Remove 3
			☐Remove ②
			□ Add
		□Remove	
			□ Change
<del></del>		<del></del>	□Add
		□Remove	
		<del></del>	☐ Change
			□Remove
			□ Change

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Ifamend	ling any oth information, enter change(s) here: (Attach additional sheets, if necessary.)
	Call See Long Park 1 3
_	
If an effecti Note: If	edate, if other than the date of filing:
e record s and is filed	pecifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the
Dated	1/8/2024
	Matthew 1 Duncan Signature of a member or authorized representative of a member
	Matt Duncan  Typed or printed name of signee