(Requestor's Name)	
(Address)	
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	S. WARREN
	AUG 1 1 2017

		COVER LETTER	
TO: Registration Division of C			
MAD BI	EACH WATERSPORTS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The evolution of Anticlas		and the filter	
	of Amendment and fee(s) are sub	_	
Please return all corres	pondence concerning this matter	to the following:	
	DOUGLAS WILSON		
		Name of Person	
	MAD BEACH WATERS	POR IS LLC	
		Firm/Company	
	12105 96TH PLACE		
		Address	<u> </u>
	SEMINOLE, FL 33772		
		City/State and Zip Code	
	CAPTHALEW@GMAIL. E-mail address: (COM to be used for future annual report notif	ication)
For further information	a concerning this matter, please c		
DOUGLAS WILSON		727 564-1462	
Name	e of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for S25.00 Filing Fee	r the following amount: □ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee. FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAD BEACH WATERSPORTS 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 <u>01/20/2004</u> and assigned Florida document number <u>L0100005217</u>.

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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Zip Coa

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

PM I: OT State Conda

Page 1 of 3

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

I.

Title	Name	Address	Type of Actio
SEC.	ANGELA S. DYER	12105 96TH PLACE	🖬 Add
		SEMINOLE, FL 33772	Remove
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E. Effec	tive date, if other than the date of filing: (oj	otional)		
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a If the date inserted in this block does not meet the applicable statutory filing requirements, ment's effective date on the Department of State's records.	fter filing this date	.) Pursuant to 605. will not be liste	0207 (3)(b) d as the
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:0 e 90th day after the record is filed.	1 a.m.	on the earlie	er of:
n	, AUGUST 7, 2017			
Date				
	Att Pecs.	<u></u> :::	17	
	Signature of a member or authorized representative of a member			
		; -	<u> </u>	
	DOUGLAS WILSON, PRESIDENT		0 ;-	
	Typed or printed name of signee		H D	
				
	Page 3 of 3	25	0.1	

Page 3 of 3

Filing Fee: \$25.00