105000121674

| (Requestor's Name) | |
|---|---|
| | |
| (Address) | _ |
| | |
| (Address) | _ |
| (Address) | |
| • | |
| (City/State/Zip/Phone #) | |
| | |
| PICK-UP WAIT MAIL | |
| | |
| (Durings Faith Mann) | _ |
| (Business Entity Name) | |
| | |
| (Document Number) | _ |
| | |
| Certified Copies Certificates of Status | |
| | _ |
| | _ |
| Special Instructions to Filing Officer: | • |
| | |
| | 1 |
| · | ١ |
| | l |
| • | |
| | |
| | · |
| | ╝ |

Office Use Only



500119009465

טליים של בינים מו שליים של שליים של שליים שליים

03/03/08-01045-017- #30.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR - 3 PM 4: 08

J. BRYAN

MAR - 4 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: WET SLIPS LLC | | |
| (Name of Lin | nited Liability Company) | |
| The enclosed Articles of Amendment and fee(s) are su Please return all correspondence concerning this matte | _ | |
| CHRIS MITCHELL | | |
| | (Name of Person) | |
| WET SLIPS LLC | | , |
| | (Firm/Company) | 80 ENVIS |
| 2180 MARAVILLA L | | |
| | (Address) | OB MAR -3 PM 4: 08 |
| FORT MYERS, FL | | PR RP OR |
| | (City/State and Zip Code) | 3 PM 4: 08 |
| For further information concerning this matter, please | call: | ∞ ₹ |
| CHRIS MITCHELL (Name of Person) | at (239) 362-8769 (Area Code & Daytime | Telephone Number) |
| Enclosed is a check for the following amount: \$\sum{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) |
| MAILING ADDRESS: Registration Section | STREET/COURIER Registration Section | R ADDRESS: |

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WETSLIPLS, LLC | | | |
|---|--|--|-------------|
| (Name of the Limiter | d Liability Company as it now ap A Florida Limited Liability Compar | pears on our records.) | olvis Se |
| The Articles of Organization for this Limited I | Liability Company were filed on | 12/21/05 and sig | neg F |
| Florida document number <u>L05000121674</u> | <u> </u> | له: | CONTRACT |
| This amendment is submitted to amend the fol | lowing: | by t: | FSTATIONS |
| A. If amending name, enter the new name of | of the limited liability company | <u>here</u> : | • |
| LOT HUNTERS INTERNATIONAL, L | LC | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limited Liability Co | mpany," the designation "LLC" or the abl | breviatior |
| B. If amending the registered agent and registered agent and/or the new registered of | | on our records, <u>enter the name of</u> | the new |
| Name of New Registered Agent: | CHRIS MITCHELL | | |
| New Registered Office Address: | 2180 MARAVILLA LAN | | |
| | | (Enter Florida street address) | |
| | FORT MYERS | , Florida <u>33901</u> | |
| 6 | (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 dutes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Address **Title** <u>Name</u> 2180 MARAVILLA LANE **✓** Add **MGRM DAMIAN SEMON** Remove FORT MYERS, FL 33901 CHRIS MITCHELL ✓ Add MGRM 2180 MARAVILLA LANE FORT MYERS, FL 33901 Remove ∏Add Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated FEBRUARY 28 2008 of a member or authorized representative of a member JAMES MORRISSET/TE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00