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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) es Certificates of Status ructions to Filing Officer:	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE AND ANASSES FOR THE ANASSES

AUG 2 4 2019 T SCHROEDER

COVER LETTER

	Divisio	on of Corpo	rations			
SHR.	AAA Jet Ski Rentals and Tours, LLC					
300	JEC1		Name of Limi	ted Liability Company		
The e	enclosed A	rticles of Ar	nendment and fee(s) are subr	mitted for filing.		
Pleas	e return al	l correspond	ence concerning this matter t	to the following:		
			Scott A Stanford			
				Name of Person		
			AAA Jet Ski Rentals and	Tours, LLC		
				Firm/Company		
			6504 Bridgewater Way #	803		
				Address		
			Panama City Beach, FI 3	2407		
				City/State and Zip Code		
			E-mail address: (t	o be used for future annual report notific	ation)	
For f	urther info	rmation con	cerning this matter, please ca	H:		
Bill V	Voodis			850 215-7243		
		Name of Po	erson	Area Code Daytime	Telephone Number	
Enclo	osed is a ch	neck for the i	following amount:			
■ \$	25.00 Filir	ng Fee	□ \$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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records. Liability Company))
y were filed on <u>02/20/2007</u>	and assigned
bility company here:	
ility Company," the designation "LLC"	or the abbreviation "L.L.C."
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Enter Florida street address	
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<u> </u>	office address on our records, re: Enter Florida street address , Flo

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

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> _□ Add _□ Remove ☐ Change _□ Add _□ Remove _□ Add _□ Remove <u>ಶ</u>ಂದ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change

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ote: If the date inse	her than the date of f ed, the date must be specifierted in this block does it date on the Department	not meet the applic	able statutory fili	(o more than 90 days a ng requirements,	optional) after filing.) Pursua this date will no	ant to 605.02
: record specifie: The 90th day af	es a delayed effection fter the record is fil	ve date, but no led.	t an effective	time, at 12:0	1 a.m. on th	e earlier (
nted <u>Aug</u>	gust 15	2018 tank	<u></u>			
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	Signature	of a member or author	orized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00