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COVER LETTER

TO: Registration Se Division of Cor			-
SUBJECT: \(\int \int 6 \epsilon	dy's hosterge	sited Liability Company	••
	Nagic of Ein	med Elabinty Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mi citation Woodys	Name of Person	
		Finn/Company	
	265 B	ow dwalk pl	ace East
	Made	City/State and Zip Code	FLA 33708 (ss @ gnail. com
	NOO dys water	the used for future annual reportmoti	fication) Gracil. Com
For further information co	oncerning this matter, please c	all:	
Michael &	Person /	at (<u>727</u>) <u>39 (</u> Area Code Daytim	0200 e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	s:	Street Address:	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jordy's Wakespor	, — •	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	6/11/2007
The Articles of Organization for this Limited Liability Company Florida document number <u>L07-0006-146</u> 5	were filed on $\frac{5/2/2020}{}$	6 /11 / 706 7 and assigned
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 Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	X //A -	2020 HAY 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-X //A	PM 5: 11
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:	× A /A	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	Stephanie P. Berry	205 Boardwik Place -	East Add
	/	205 Boardwik place - Madeira Beach, Flat 33708	Remove
		33768	□Change
		 	□Remove
			□ Change
			□ Add
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			□Add
			□ Remove
			Change

D. If amending any ot	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
<u> </u>	
	_
(If an effective date is liste Note: If the date inse	ner than the date of filing:
of the record specifies a de record is filed. Dated	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Nic	Signature of a member or authorized representative of a member (1) (1) (2) (3) (4) (5) (6) (7) (7) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1