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SECRETARY OF STATE FALLAHASSEE, FLORIDA

D. BRUCE

FEB 1 2010

EXAMINER

COVER LETTER TO: Registration Section **Division of Corporations** HOVER CRAFT USA I, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GIADA ROCCA Name of Person Hovercraft USA I, LLC 1423 COLLINS AVENUE MIAMI BEACH, FL 33139 City/State and Zip Code GROCCA @ PENGUIN HOTEL. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GIADA ROCCA at (305) 534-9334 x3 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ☐\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.

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

Certificate of Status

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(additional copy is enclosed)

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Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOVERCRA	FT USA I,	LLC
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>LO76008</u>		3 / 2 7 / 2007 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	10 10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HASSEE, FL
Training united the Designation of the Designation		ORIGA
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r 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 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 amenging 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 **Title Address Type of Action** <u>Name</u> 1423 Collins Av. Add
Hiami Beach, FL 33139 Remove JUAN ALVAREZ ☐ Add ☐ Remove Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00