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| (Re | equestor's Name) | · · · · · · · · · · · · · · · · · · · |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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February 6, 2017

BRIAN FREEDMAN 390 ALTON RD #7 MIAMI BEACH, FL 33139

SUBJECT: AMERICAN WATERSPORTS PARASAIL L.L.C.

Ref. Number: L08000009269

We have received your document for AMERICAN WATERSPORTS PARASAIL L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00002322

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------|------------------------------------|--|---|--|
| SURI | AMERICA | N WATERSPORTS PARASAI | ILLLC | |
| | | Name of Lim | ited Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | e return all correspo | ndence concerning this matter | to the following: | |
| | | BRIAN FREEDMAN | | |
| | | | Name of Person | |
| | | AMERICAN WATERSPO | ORTS MIAMI LLC | |
| | | | Firm/Company | |
| | | 390 ALTON RD #7 | | |
| | | | Address | |
| | | MIAMI BEACH FL 3313 | 9 | |
| | | | City/State and Zip Code | |
| | | AWSBRIAN@GMAIL.CO | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For fu | orther information co | oncerning this matter, please co | all: | |
| BRIA | N FREEDMAN | | 305 796-3969 at () | |
| | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclo | sed is a check for th | ne following amount: | | |
| ⊠ \$2 | 25.00 Filing 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 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 ARTICLES OF ORGANIZATION

AMERICAN WATERSPORTS PARASAIL LLC

THE THE STATE OF T (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 Florida document number L08000009269 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMERICAN WATERSPORTS MIAMI LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 300 ALTON ROAD Enter new principal offices address, if applicable: MIAMI BEACH FL 33139 (Principal office address MUST BE A STREET ADDRESS) 390 ALTON ROAD #7 Enter new mailing address, if applicable: MIAMI BEACH FL 33139 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 |
|---|--------------|---------------------------------------|----------------|
| MGMR | NICK BURNETT | 390 ALTON RD #7 | |
| | | MIAMI BEACH FL 33139 | ☑ Remove |
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| | DATE OF FILING | | |
| If the date inserted in this block | e specific and cannot be prior to date of filing or more k does not meet the applicable statutory filing rartment of State's records. | (optional) e than 90 days after filing.) Pursuant to equirements, this date will not be the day of the day of the early at 12:01 a.m. on the early at 12:01 a.m. on the early at 12:01 a.m. | listed |
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