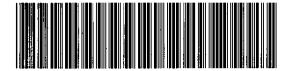
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## **COVER LETTER**

Section Corporations					
E&E B	OATING, LLC				
Name of Lim	ited Liability Company				,
of Amendment and fee(s) are sul	bmitted for filing.				
spondence concerning this matter	r to the following:				
	LAURIE WEIL				
	Name of Person				
	E&E BOATING, LLC				
	Firm/Company				
23	8 PALERMO AVENUE				
	Address	· · ·	<b>⊼</b> .09	20	
COI	RAL GABLES, FL 33134		LLA A		
	City/State and Zip Code		AAS	<del>-</del>	
E-mail address: (	LWEIL@REDBRIDGE.CC				r
	•	,	F STAT	ŧ.	C
AURIE WEIL	at ( 305 ) 23	32-9040	9m	<b>6</b>	
e of Person	Area Code & Daytime T	elephone Number	_		
r the following amount:					
\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	te of Status Copy		- 45
ILING ADDRESS: stration Section	Registration Section	ADDRESS:	аі сору із (	cnciose	жи <i>)</i>
	COPPORATIONS  E&E B  Name of Lim  of Amendment and fee(s) are sull spondence concerning this matter  E-mail address: (an concerning this matter, please of a concerning this m	E&E BOATING, LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  LAURIE WEIL  Name of Person  E&E BOATING, LLC  Firm/Company  238 PALERMO AVENUE  Address  CORAL GABLES, FL 33134  City/State and Zip Code  LWEIL@REDBRIDGE.CC  E-mail address: (to be used for future annual report notificate on concerning this matter, please call:  AURIE WEIL  at ( 305 ) 23  Area Code & Daytime T  or the following amount:  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  BLING ADDRESS: STREET/COURIER Registration Section  STREET/COURIER Registration Section	E&E BOATING, LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  LAURIE WEIL  Name of Person  E&E BOATING, LLC  Firm/Company  238 PALERMO AVENUE  Address  CORAL GABLES, FL 33134  City/State and Zip Code  LWEIL@REDBRIDGE.CC  E-mail address: (to be used for future annual report notification)  of concerning this matter, please call:  AURIE WEIL  at (305)  232-9040  Area Code & Daytime Telephone Number  or the following amount:  \$\Begin{array} \$30.00 Filing Fee & Certificate of Status  Certificate Copy (additional copy is enclosed)    S55.00 Filing Fee & Certificate Copy (additional copy is enclosed)	E&E BOATING, LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  LAURIE WEIL  Name of Person  E&E BOATING, LLC  Firm/Company  238 PALERMO AVENUE  Address  CORAL GABLES, FL 33134  City/State and Zip Code  LWEIL@REDBRIDGE.CC  E-mail address: (to be used for future annual report notification)  a concerning this matter, please call:  AURIE WEIL  at (305)  Area Code & Daytime Telephone Number  r the following amount:  \$\Begin{array} \text{\$\frac{1}{2}\$} \$\frac	E&E BOATING, LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  LAURIE WEIL  Name of Person  E&E BOATING, LLC  Firm/Company  238 PALERMO AVENUE  Address  CORAL GABLES, FL 33134  City/State and Zip Code  LWEIL@REDBRIDGE.CC  E-mail address: (to be used for future annual report notification)  of concerning this matter, please call:  AURIE WEIL  Address  ATE OF PRINTED AND AREA Cortificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificat copy (additional copy is enclosed)  LING ADDRESS:  STREET/COURIER ADDRESS:  stration Section  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E&E BOATING, LLC		
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.	
(.	trional Elimon Elacinity Company)		
The Articles of Organization for this Limited L	iability Company were filed on	3/24/2008	and assigned
Florida document number L08000029	9841		
Torrea document named	······································		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
	•		
Enter new principal offices address, if applic			
<u>(Principal office address MUST BE A STREE</u>	<u> </u>		<del>Z</del> o ≥
	<del></del>		
•			AR SO
Enter new mailing address, if applicable:			SS
(Mailing address MAY BE A POST OFFICE	BOX)		
TIME TO THE TENT OF THE TENT O			
B. If amending the registered agent and/	or registered office address on a	our records, enter <sup>2</sup>	ြောက် The name of the new
registered agent and/or the new registered of		<u> </u>	***************************************
Name of New Registered Agent:			
New Registered Office Address:	355 ALHAMBRA CIRCLE,	SUITE 1150	
	En	ter Florida street add	iress
	CORAL GABLES	, Florida	33134
	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 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 <u>Title</u> <u>Name</u> **Address** Type of Action **MGRM EDMUND SANTIAGO** ✓ Add □ Remove 7223 Monaco Street Coral Gables, FL 33143 MGR **EUGENIO CHINCHILLA** 7255 SW 54 CT ☐ Add CORAL GABLES, FL 33143 ☐ Add ☐ Remove  $\Box$  Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 12 2010 Dated \_\_\_ Signature of a member or authorized representative of a member **Edmund Santiago** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00