L080000 35850

Office Use Only



700251612777

09/13/13--01008--004 **25.00

2013 SEP 13 PM 1: 59
SECRETARY OF STATE
TALL ANALYSEF FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Water Adventures of Florida, 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:
Matthew M. Moore. Name of Person
Water Adventures of Florida, LLC Firm/Company
3625 Messina Drive Address
Lake Mary, FL 32746 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Verclon at (407) 708-56 16 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\

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 TO ARTICLES OF ORGANIZATION OF

FILED
2013 SEP 13 PM 2: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Water Aventures of F	lorida LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on 4 19 12 00 8 and a	ssigned
Florida document number <u>LOS COO 35850</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	•
Water Adventures of Florida, L. The new name must be distinguishable and end with the words "Limited "L.L.C."	LC. ed Liability Company," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:	3625 Messing Drive	
(Principal office address MUST BE A STREET ADDRESS)	Laine Mary , FL 32746	
Enter new mailing address, if applicable:	_same as above	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		of the new
	Enter Florida street address	
	, Florida	
•	City Zip Coo	le

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			П.
			Kemove
			Remove
		<u> </u>	
			Add
			Remove
			Add
		-	Remove

			-	
				<u></u> -
. ,	2013			
17	11	7000		
	((ve of a member	r
	Signature of a r	atthew m. mare	athew m. mare	Signature of a member or authorized representative of a member of the me

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE