Division of Corporations Electronic Filing Cover Sheet

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(((H10000054781 3)))



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· To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: VASALLO SLOANE, P.L.

Account Number : I20100000003

: (305)233-9066

Fax Number

: (866) 389-2760

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

<u>Sloane Quasallosloane.com</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEAN FORCE ADVENTURES, LLC

> Certificate of Status Certified Copy 0 02 Page Count Estimated Charge \$30.00

C. LEWIS

MAR 11 2010

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

(FAX)

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2010 MAR 10 AM 8: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H100000547813

Ocean Force	Adventures, LL	<u>.c</u>		
(Name of the Limited Liability Com (A Florida Limite	nany as It now appea d Liebility Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa	iny were filed on	July 15, 2008	and assigned	
Florida document number L08000068328	•			
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited li	ability company be	:g:		
The new again must be distinguishable and end with the words "Li "L.L.C."	imited Liability Comp	my," the designation "Li	.C" or the abbreviation	
inter new principal offices address, if applicable:	***************************************			
Principal office address MUST BE A STREET ADDRESS!				
				
Enter new ingiting address, if applicable;				
Mailing address MAY BE A POST OFFICE BOX				
3. If amending the registered agent and/or registered agent and/or the new registered office address h		our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:		······		
New Registered Office Address:			·	
	En	ter Florida street address		
	Cítv	, Florida	Zin Code	
lew Registered Agent's Signature, if changing Registered Ages	•		esp cour	

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

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FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

itle	Name	Address	Type of Action
<u>IGRM</u>	Eric Boesch	555 N.E. 15th Street Suite 12B Mlami, FL	Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
<u> </u>		-	Add Remove
			Add
As	of the date hereof, (i) th	enter change(s) here: (Attach additional sheets,	ed liability
_		nber and sole managing member of the C Company does not have any officers or r	
		2010	
nted	March 10		

Page 2 of 2 Filing For: \$25.00