Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To:              |  |                   | 55-             | 듸                          |
| 10.              | Division of Corporations   |                   | ٠,٠             | <u></u>                    |
|                  | Fax Number : (850)617-6383   |                   | ,               |                            |
|                  | , ,  |                   | •               | ₹ .                        |
| From:            |  |                   |                 | ić.                        |
|                  | Account Name : LAZARUS CORPORATE FI<br>Account Number : I20000000019   | LING SERVICE,     | INC.            | ٠.<br>س                    |
|                  | Phone : (305)552-5973 4  |                   |                 | 63                         |
|                  | Fax Number : (305)675-5944   |                   |                 |                            |
| ann              | the email address for this business ent<br>ual report mailings. Enter only one email   |                   |                 |                            |
| ann<br>Ema       | eual report mailings. Enter only one em  | ail address p     | lease.**        | ت<br><del>ن</del> <b>ت</b> |
| ann<br>Ema       | ual report mailings. Enter only one em   | PR M/MG R         | lease.**  ESIGN | 17 OCT                     |
| ann<br>Ema<br>LI | cual report mailings. Enter only one empty and address:  C AMND/RESTATE/CORRECT O  | PR M/MG R         | lease.**  ESIGN | 117 OCT 13                 |
| ann<br>Ema<br>LI | cual report mailings. Enter only one empty of the control of the c | PR M/MG R         | lease.**  ESIGN | 17 OCT 13 AH               |
| ann<br>Ema<br>LI | Certificate of Status  | PR M/MG R COMPANY | lease.**  ESIGN | 17 OCT 13 AH <b>9:</b>     |
| ann<br>Ema       | Certificate of Status  Certified Copy  | OR M/MG R COMPANY | lease.**  ESIGN | 17 OCT 13 AH               |

## ARTICLES OF AMENDMENT H 17000260403 ARTICLES OF ORGANIZATION OF

| Florida Adventures Fishing Company LLC   | .1.  |                                     |
|--|--|-------------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | any as it now appears on our<br>Liability Company) | records.)                           |
| The Articles of Organization for this Limited Liability Company  | y were filed on                                    | and assigned                        |
| Florida document number L08000079837   |  | •                                   |
| This amendment is submitted to amend the following:  |  |                                     |
| A. If amending name, enter the new name of the limited lial  | bility company here:                               |                                     |
|  |  | 9 3                                 |
| The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: | ility Company," the designation                    | on "LLC" or the abbreviation "LCC." |
| Enter new principal offices address, if applicable:  |  |                                     |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                                     |
|  | -  |                                     |
| Enter new mailing address, if applicable:  |  |                                     |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                     |
|  | ·r   |                                     |
| B. If amending the registered agent and/or registered of   |  | records, enter the name of the new. |
| registered agent and/or the new registered office address be   | <u>re</u> :  |                                     |
| Name of New Registered Agent:  |  |                                     |
| New Registered Office Address:   |  |                                     |
|  | Enter Florida stree                                | et address                          |
|  | <u> </u>   | , 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 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 Repotered Agent, Signature of New Registered Agent

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LAZARUS

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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 H17000260403

| <u>Title</u> | Name         | Address | Type of Action                 |
|--------------|--------------|---------|--------------------------------|
| MGR          | Daniel Costa |         | ⊟ Add                          |
|              |              |         | ☐ Remove                       |
|              |              |         | ☐ Change                       |
| Pres         | Daniel Costa |         |                                |
|              |              | i       | ■ Remove                       |
|              |              | ·       | ☐ Change                       |
|              |              |         | Change  Change  Change  Change |
|              |              |         | ARI TI                         |
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3052201440

| Remove Daniel Costa as Presiden   |                                    |   | H170002  | 6 n l                    |
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| tive date, if other than the dat  | 10-10-2017<br>te of filing:        |   | (optional)   |                          |
| ffective date is listed, the date must be  If the date inserted in this block | erecific and cannot be prior to da | ate of filing or more than 90           | ) days after filing.) Pursuan<br>nents, this date will not | t to 605.02<br>be listed |
| ment's effective date on the Depar  | tment of State's records.          | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ·  |                          |
|   |                                    |   |  |                          |
| ecord specifies a delayed ef  | fective date, but not a            | n effective time, at                    | 12:01 a.m. on the  | earlier                  |
| e 90th day after the record   | is filed.                          |   |  |                          |
| October 10  | 2017                               |   |  |                          |
| d   | ,<br>                              | +                                       |  |                          |
| Daniel (  | Costa                              | X Q                                     | <u> </u>   |                          |
|   | nature of a member or authorize    | renevantanve of a mem                   |  |                          |

Page 3 of 3

Filing Fee: \$25.00