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(Requestor's Name)

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PICK-UP WAIT MAIL

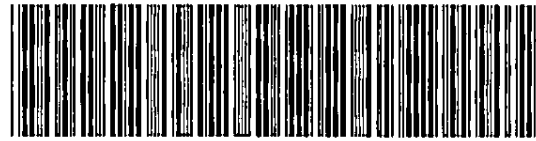
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2022 SEP 22 AM 9:40
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEETWATER KAYAKS OUTDOORS LLC
Name of Limited Liability Company

The enclosed Article(s) of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN FARROW
Name of Person
Firm/Company
1010 Pope Filed Rd
Address
Easley SC 29642
City/State and Zip Code
s.farrow1953@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Steven Farrow 813 506-0678
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVEN FARROW, PERS REP	1010 POPE FIELD RD	<input checked="" type="checkbox"/> Add
		EASLEY SC 29642	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	RUSSELL A FARROW		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 27 2022

Handwritten signature of Steven Farrow

Signature of a member or authorized representative of a member

STEVEN FARROW

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022092527

DATE ISSUED: MAY 20, 2022

DECEDENT INFORMATION

DATE FILED: MAY 18, 2022

NAME: RUSSELL ALLEN FARROW

DATE OF DEATH: MAY 7, 2022

SEX: MALE

AGE: 062 YEARS

DATE OF BIRTH: SEPTEMBER 26, 1959

SSN: ***-**-7232

BIRTHPLACE: SPARTANBURG, SOUTH CAROLINA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: ST JOSEPHS HOSPITAL

LOCATION OF DEATH: TAMPA, HILLSBOROUGH COUNTY, 33607

RESIDENCE: 235 15TH AVENUE SE, ST PETERSBURG, FLORIDA 33701, UNITED STATES

COUNTY: PINELLAS

OCCUPATION, INDUSTRY: ENTREPRENEUR, RECREATION

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: BILLY FARROW

MOTHER'S/PARENT'S NAME: SYBIL MACREATH

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: STEVEN FARROW

RELATIONSHIP TO DECEDENT: BROTHER

INFORMANT'S ADDRESS: 1010 HOPE FIELD ROAD, EASLEY, SOUTH CAROLINA 29642, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: GLENN CARMELLENGO, F081553

FUNERAL FACILITY: BLOUNT & CURRY FUNERAL HOME-CARROLLWOOD CHAPEL F078960
3207 BEARSS AVE, TAMPA, FLORIDA 33618

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: TERRACE OAKS CREMATORY
TEMPLE TERRACE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 1018

CERTIFIER'S NAME: RAIDEL VALDES CRESPO

CERTIFIER'S LICENSE NUMBER: ME119106

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: MAY 16, 2022

2022 SEP 22 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FL

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.

Russell Farrow

STATE REGISTRAR

REQ: 2024002179

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Filing # 151688775 E-Filed 06/17/2022 08:54:49 AM

FILED 07/05/2022 09:56:07 KEN BURKE, CLERK OF THE CIRCUIT COURT AND COMPTROLLER, PINELLAS COUNTY FLORIDA

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA
PROBATE DIVISION

IN RE: THE ESTATE OF
RUSSELL ALLEN FARROW,
Deceased.

CASE #22-CP-006294 ES

_____ /

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, Russell Allen Farrow, ("Decedent"), a resident Pinellas County, Florida,
died on May 7, 2022, owning assets in the State of Florida, and

WHEREAS, Steven Farrow has been appointed personal representative of the Decedent's
estate and has performed all acts prerequisite to issuance of Letters of Administration in the
estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Steven Farrow duly
qualified under the laws of the State of Florida to act as personal representative of the estate of
Russell Allen Farrow, with full power to administer the estate according to law; to ask, demand,
sue for, recover and receive the property of the Decedent; to pay the debts of the Decedent as far
as the assets of the estate will permit and the law directs; and to make distribution of the estate
according to law.

ORDERED on _____

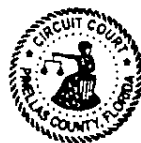
07/01/2022 04:57:23 PM

[Signature]
Circuit Judge

Circuit Judge

2022 SEP 22 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



STATE OF FLORIDA, PINELLAS COUNTY
I hereby certify that the foregoing is a true
photostatic copy as the same appears
among the files and records of this court
and the same is in full force and effect.

This 08 day of July, 2022

KEN BURKE
Clerk of Circuit Court

BY: *[Signature]*
Deputy Clerk