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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

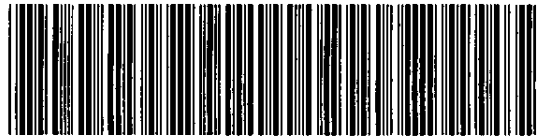
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T. CLINE

MAR 11 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 10 AM 10:34

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wharf Adventure Zone, 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:

Michelle Liggett

Name of Person

Wharf Adventure Zone, LLC

Firm/Company

1300 Lincoln Road

Address

Allegan, MI 49010

City/State and Zip Code

michelle@ropescoursesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Liggett

Name of Person

at (269) 673-0016

Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

X 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**

WHARF ADVENTURE ZONE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 23, 2009 and assigned
Florida document number L09000007591.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4550 Main Street

Orange Beach, AL 36561

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1300 Lincoln Road

Allegan, MI 49010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Michelle Liggett

New Registered Office Address: 229 Antiqua Way

Enter Florida street address

Niceville, Florida 32578

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

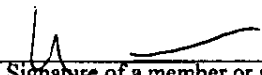
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGRM | Russell H. Scott | 229 Antiqua Way Niceville, FL 32578 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
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FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.


Signature of a member or authorized representative of a member
Michelle Liggett
Typed or printed name of signee