10000020680

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
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B. BOSTICK
AUG 10 2012
EXAMINER

COVER LETTER

Division of Co	rporations	•			
SUBJECT:	Extreme Jet	Ski of Orlando, LLC			
SUBJECT:	Name of Limi				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	_	Mary Beth Comney			
Name of Person					
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	and the second of the second o		
P.O. Box 450254					
		Address			
	k	issimmee, FL 34745			
	2.7	City/State and Zip Code			
	extreme	jetskioforlando@gmail.	com		
	E-mail address: (to be used for future annual report	notification)	#	
For further information	concerning this matter, please of	ali:		12 AUG SECRET	##7 13%s
Man	y Beth Comney	at (407)	390-9200	SE I	
Name	of Person	· Area Code & De	aytime Telephone Number	and a	-
				PH GFS	
Enclosed is a check for	the following amount:			3: 20 STATE LORID	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &	ed)
MAII	ING ADDRESS	¢TDFFT#Y1	MIDIED ADDRESS.		

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Extreme Jet S	<u>ki of Orlando, L</u>	LC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appea d Liability Company)	rs on our records.)		
`	, , ,			
The Articles of Organization for this Limited Liability Compa	any were filed on	02/23/2010	and assi	gned
Florida document number L10000020680				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited !	iability company he	re:		
			7.00	
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Comp	any," the designation "l	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS	2			
			Bio .	
			12 / SEC	•
Enter new mailing address, if applicable:			AP B	<u>-n</u>
(Mailing address MAY BE A POST OFFICE BOX)			ASS -	pps seen
			m-<	<u> </u>
			声の	J
B. If amending the registered agent and/or registered		our records, enter t	the name o	the new
registered agent and/or the new registered office address	nere:		Z6 ZIDA	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Admiess.	Enter Florida street address			
, Fiorida				
	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>Address</u> Type of Action <u>Name</u> **MGRM** Vernon M. Comney ☐ Add

✓ Remove 4870 Battaglia Blvd. St Cloud FL 34769 MGRM Nicholas T. Comney Add 3805 Melrose Avenue Apt B Remove Los Angeles, CA 90029 ☐ Add Remove □ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 29 2012 Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Mary Beth Comney

Typed or printed name of signee