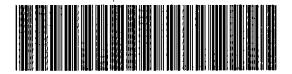
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TALLED SECRETARY OF STATE SECRETARY OF STATE AMASSEE, FLORIDA

COVER LETTER

TO: Registration Secti Division of Corpo	on rations		
SUBJECT:	SOUTH WA	TERSPORTS LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		ARTURO SOISA	<u> </u>
ray y rime and y the rese	Marie Carlos Company C	Name of Person	e. e. kom²o u u e. S
		Firm/Company	
		4105 GUNN HWY	<u> </u>
		Address	•
	TA	MPA FLORIDA 33618	
		City/State and Zip Code	•
	E-mail address: (0	rosousa@hotmail.com to be used for future annual report i	notification)
For further information con	cerning this matter, please c	all:	
ARTU	RO SOUSA	at (813) Area Code & Da	846-7730
Name of P	erson	Area Code & Da	ytime 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 encl	- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration Se Division of Co Clifton Buildir	rporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 JUL -6 AMII: 04

SOUTH WATERSPORTS LLCTALLAHASSEE, FLORIDA (A Florida Limited Liability Company)

(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000047763	were filed on <u>05-</u>	03-2010 and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited-liah	ility company here:	•
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," tl	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4105 Gunn hwy	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33	618
		i
Enter new mailing address, if applicable:	4105 Gunn Hwy	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33618	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		cords, enter the name of the ne
New Registered Office Address:		
	Enter Florida street address	
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	•
New Registered Agent's Signature, if changing Registered Agent:	_	v. I further garee to comply wit

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

<u>itle</u>	Name	Address	Type of Actio
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			Remove
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. If amen	ding any other information, enter ch	ange(s) here: (Attach additional s	sheets, if necessary.)
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 ated	Signature of a me	never or authorized representative of a	FILED L+6 AM II: 04 TARY OF STATE HASSEE, FLORIDA

Page 2 of 2

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