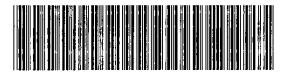
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SECRETARY OF STATE VISION OF CORPORATIONS

COVER LETTER

Division of Corporations
SUBJECT: Soul Stand up Paddle Board Adventures 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:
Name of Person Vanrose Van Lose Enterprises Inc Firm/Company 104 Bay Mar Dr Address Fort Myers Beach, FL 33931 City/State and Zip Code Timothy tracy of hot mail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timothy Tracy at (319) 899 9586 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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**

SOU STANDUP (Name of the Limited L (A I	PADDLE B	DARD ADVENT	TURES [
(Name of the Limited L (A I	Liability Company Florida Limited Lia	as it now appears on oblity Company)	our records.)		
The Articles of Organization for this Limited Lia	bility Company w				signed
Florida document number <u>L1000065</u> 9	187.		entary i igo	-	_
This amendment is submitted to amend the follow	•			11 MAY -6	SECRET
A. If amending name, enter the new name of t					ARY COL
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company," th 104 Bay Mue Fort Myers B	he designation "I	LC" of the a	abbreviation
Enter new principal offices address, if applical	ble:	104 Bay Mae	. Dr.		<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	Fort Myers B	each, FL	33921	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	104 Bay M Fort Myers	ar Dr Beach, FL	33931	
B. If amending the registered agent and/or registered agent and/or the new registered offi	<u>ce address here</u> :	ce address on our ro			
Name of New Registered Agent:	-y-an raived	THE CHIEFY	1111		
New Registered Office Address:	104 Bay Mar Dr Enter Florida street address				
	T 1 11	2 /	or was ser cer add	77624	
	POTE MY	evs Beach City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Re		•		-	

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 Type of Action Title Name Address Laura LaValle. MGD ☐ Add Remove Anthony LaValle MGRM ☐ Add Remove Taylor LaValle 401 Harbor Ct. MGRM ☐ Add Remove Colter LaValle MGRM 401 Harbor Ct. Fort Myers Beach, FL Remove MGR Timothy Tracy Add Remove \prod Add Remove 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00