

L11000069340



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06/28/11--01039--004 \*\*50.00

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2011 JUN 28 AM 11:15

C. LEWIS

JUN 29 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SKY PIRATE PARASAIL, 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:

**Elaine Moore**

Name of Person

Firm/Company

**2915 McMullen Booth Ste 510**

Address

**Clearwater, FL 33761**

City/State and Zip Code

**skypirateparasail@yahoo.com**

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

For further information concerning this matter, please call:

**Elaine Moore**

Name of Person

at ( **727** )

**5809280**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2011 JUN 28 AM 11:15

SKY PIRATE PARASAIL, LLC

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/14/2011 and assigned  
Florida document number L11000069340.

This amendment is submitted to amend the following:

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

TREASURE ISLAND WATERSPORTS, LLC

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:

2519 McMullen Booth Rd Ste510

(Principal office address MUST BE A STREET ADDRESS)

Clearwater, FL 33761

Enter new mailing address, if applicable:

2519 McMullen Booth Rd Ste 510

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater, FL 33761

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:

New Registered Office Address:

Enter Florida street address

Florida

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	Matthew E Mayers	3131 Hillside Lane Safety Harbor, FL 34695	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Elaine Moore	2519 Mc Mullen Booth Rd Clearwater, FL 33761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2011 JUN 28 AM 11:15  
FILED

Dated June 6, 2011

*Elaine Moore*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Elaine Moore  
\_\_\_\_\_  
Typed or printed name of signee