

L12000003667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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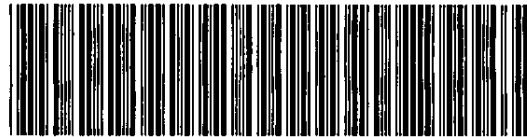
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 04 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Rocketman Experience, 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:

x Carlos Mejia
Name of Person

x Hydrojet Water Sports LLC.
Firm/Company

x 2150 NW 9th Ave.
Address

x FT. Lauderdale, FL. 33311
City/State and Zip Code

x Hydrojetwatersports@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

x Carlos Mejia at (954) 261-8337
Name of Person 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

THE ROCKETMAN EXPERIENCE, 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 01/09/2012 and assigned
Florida document number L12000003667

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

X 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:

X Carlos J. Mejia

New Registered Office Address:

X 2150 NW 9th Ave

Enter Florida street address

X Ft. Lauderdale

City

Florida

33311

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 605, 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.

X [Signature]
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Benjamin A Smith IV.	23W 350 Pelham Court	<input type="checkbox"/> Add
		Naperville, FL. 60540	<input checked="" type="checkbox"/> Remove
MGR	Melanie Donohue	900 N.E. 18th Ave, #1207	<input type="checkbox"/> Add
		Ft. Lauderdale, FL. 33304	<input checked="" type="checkbox"/> Remove
MGR	x Carlos Mejia	2150 NW 9th Ave	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL. 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February, 2014.



Signature of a member or authorized representative of a member

Ben Smith

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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