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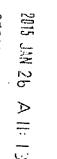
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B. BOSTICK
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EXAMINER

COVER LETTER

| | tration Sec | | | | |
|------------------|---------------|--|--|------------------|-----------------|
| CUDIECT. | Flori | da Waterski Academy, | , LLC | | |
| SUBJECT: _ | | Name of Lim | ited Liability Company | | |
| The enclosed A | Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return a | ll correspon | dence concerning this matter | to the following: | | |
| | | Shane Northrop, C | | | |
| | | | Name of Person | | |
| | | Northrop Financial | | | 205 |
| | | | Firm/Company | | 5 |
| | | 13700 Six Mile Cy | press Pkwy Ste 2 | | 2015 JAN 26 A I |
| | | | Address | _ | C |
| | | Fort Myers, FL 33 | 912 | | |
| | | | City/State and Zip Code | | The Co |
| | | shane@northropfin E-mail address: (| ancial.com to be used for future annual report notifi | cation) | |
| For further info | ormation co | ncerning this matter, please ca | all: | | |
| Shane No | orthrop, (| CPA | 239 271-248 | 8 | |
| | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclosed is a c | heck for the | e following amount: | | | |
| □ \$25.00 Fili | ng Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| | Registra | NG ADDRESS: tion Section of Corporations x 6327 | STREET/COURIE Registration Section Division of Corpora Clifton Building | ı | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida Waterski Academy, LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on our i | records.) |
| The Articles of Organization for this Limited Liability Con | npany were filed on02/28/2 | 2013 and assigned |
| lorida document numberL13000031302 | • | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limite | d liability company here: | |
| Eden Ski Lake, LLC | | |
| ne new name must be distinguishable and end with the words "Limit | ed Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | <u> </u> |
| Principal office address MUST BE A STREET ADDRE | <u>SS)</u> | |
| | | |
| | | 20 |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | 111111111111111111111111111111111111111 | |
| If amending the registered agent and/or register gistered agent and/or the new registered office address | | cords, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street d | 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

| Anne . s | Authorized Member | 4.11 | |
|--------------|-------------------|----------------|---|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| late this document is filed by | the Florida Department of State) | annot be more than 90 days after |
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| 11 | A H | OPA Represen |
| Ma | Signature of a member or authorized represen | Negrese of a member |
| 61 11 11 | irop, CPA | , |
| Shane North | Typed or printed name of sig | · · · · · · · · · · · · · · · · · · · |
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Filing Fee: \$25.00