## L1300035173

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## COVER LETTER

•	istration Sec ision of Corp			
SUBJECT:	May	Hele Wa.	Peddle boarding	LLC
		Name of Lin	ided Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	omitted for filing.	
Please return	all correspor	idence concerning this matter	•	
		Jason	Thomas Name of Person	
		4	Name of Person	
		Active a	Firm/Company	merica
		P. O. Bo	× 607978	
		Orlando,	FL 32860 City/State and Zip Code	. •
			21123488 Ogmai to be used for future annual report not	
For further in	formation co	ncerning this matter, please ea	all:	
Jason	The	nas	at ( 407 ) 637	1 - 6880
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
\$25,00 17	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Cupy (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 Fallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

11.10

1/-

Mau Hele Wai	Paddle boarding LLC uny as it now appears on our records.) Liability Company)
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L13000035173}{}$ .	were filed on $\frac{03/06/20/3}{20/3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  A CAUE and Social  The new name must be distinguishable and contain the words "Limited Liabi	America, LLC lity 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)	1100 F. Robinson S7. 01 lando, FC 32801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 607978 Orlando, FL 32860
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:Si	rounis law PLLC
New Registered Office Address: //	rounis (qu PLLC  00 E. Robinson ST.  Enter Florida street address
Orlan	Od Solo Sip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		Remove	
		Change	
	<del></del> .	Remove	
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			□ Change

. It an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d December 15 2017.
	Signature of a member or authorized representance of a member
	John M. Sirounis Esq.

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Filing Fee: \$25.00