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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Apo	ollo Beach Wo	xtersports, LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	endence concerning this matter t	to the following:	
	David Eva	Name of Person Name of Person Nucleus ports, LL	
	Apollo Beach	N Watersports, LLI Firm/Company	<u>C</u>
	4580 21st A		
	St. Petersbur	g FL 33713 Dity/State and Zip Code Ca g mail. com be used future annual report notification	
	Deep Seausain	be used for future annual report potification	on)
For further information of	concerning this matter, please ea		,
Name o	of Person	at () Area Code & Daytime Te	lephone Number
Name	T CISON	med code & paytime re	repriese results.
Enclosed is a check for t	he 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

FILED

ARTICLES OF AMENDMENT TO

2013 NOV 12 PH 3: 56

ARTICLES OF ORGANIZATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

Λ., Ο.,		The Environment of States
Apollo Beach	Watersports, LL	<i>C</i> -
(Name of the Limited L. (A F	ability Company as it now appear orida Limited Liability Company)	s on our records.)
		•
The Articles of Organization for this Limited Liab		8//3/13 and assigned
Florida document number <u>L13000 11440</u>	9	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here	:
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compar	sy," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Ent	er 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> Name **Address Type of Action** David Evans 4580 21st Ave N Add MGR St. Petersburg, FL 33713 Remove 100 14th Ave S. NAdd Deep Sea USA, Inc MGRM St. Petersburg, FL 33701 Remove Remove Remove

D. Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	Nov 7th 2013.
	h hull
	Signature of a member or authorized representative of a member
	David Evans
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 NOV 12 PM 3:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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