

L13000134399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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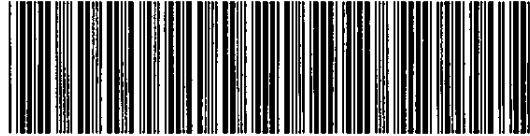
(Business Entity Name)

(Document Number)

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2015 AUG 17 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 19 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Beach Wake - Watersports Complex 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:

Irina Pepper

Name of Person

Palm Beach Wake - Watersports Complex LLC

Firm/Company

5211 Edenwood rd

Address

Palm Beach Gardens, FL, 33418

City/State and Zip Code

irina_s1999@yahoo.com

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

For further information concerning this matter, please call:

Irina Fetisov

954 3978099
at ()

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**

Palm Beach Wake - Watersports Complex LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 9/24/2013 and assigned
Florida document number L13000134399

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 contain 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)

501 ne 5th ter apt 215

Fort Lauderdale

FL, 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 NE 5th ter apt 215

Fort Lauderdale

FL, 33301

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:

Irina Fetisov

New Registered Office Address:

501 NE 5th Ter, apt 215

Enter Florida street address

Fort Lauderdale

, Florida 33301

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.

Irina Fetisov

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Irina Pepper	5211 Edenwood rd	<input type="checkbox"/> Add
		Riviera Beach Fl, 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Irina Fetisov	501 ne 5th ter apt 215	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

[Handwritten signature across the lines]

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TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/11/2015, 2015

[Handwritten signature]

Signature of a member or authorized representative of a member

Irina Pepper

Typed or printed name of signee