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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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APR - 3 2014
J. HARRIS

COVER LETTER

Division of Corporations	
SUBJECT: X treme Watersports LLC Name of Limited Liability Company	
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:	
Deson Bryant Name of Person	
t wante of reison	
Xtreme Watersports	
Firm/Company	
1631 NW 113th Ave	
Address	
Pembroke Pines, FL 33026 City/State and Zip Code Xtreme Watersport a Vahoo . Com E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Deson Bryant at (954) 684-2725	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \$30.00 Filing Fee & Certificate of Status \$\times \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\times \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

X treme Watersports	LLC
	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 300258) 90193	Company were filed on March 24,2014 and assigned LIU 800048490
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
·	cimited 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 ADD	(RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF COMMOR OF COMMOR
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

1/1

11

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	anager uthorized Member		•
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Deson Bryant	1631 NW 113th Ave Pembroke pines, FC 33026	Add
		fembroke pines IFC 33026	□ Remove
			□ Add
			□ Remove
			Add
			☐ Remove
			SECRETARY DIVISION OF CO
			PM 3: 42 Add
			□ Remove
			Add
			Remove

•	If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· ·_	
	-	
	_	
	_	
. (ive date, if other than the date of filing:
	Dated .	March 28 2014,
		Phys
		Agnature of a member or authorized representative of a member
		Deson Bryant

Page 3 of 3

Filing Fee: \$25.00