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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | ection rporations | • | |
|--|--|---|--|
| SUBJECT: ST. A | helresus Sail c | and Paddle | |
| | Name of Lim | ited Liability Company | · |
| | | | • |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Andlerson By St. Andrews | Name of Person Sev/ and Robble Firm/Company | |
| | 53 Bec View | Auc | |
| | Parana City | Address RL 32401 City/State and Zip Code | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | | City/State and Zip Code | · 若二 |
| | E-mail address: (| to be used for future annual report notifi | ication) on m |
| For further information c | concerning this matter, please c | | ication) |
| Name o | of Person | at () | Telephone Number |
| 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) |
| MAII | INC ADDRESS. | STREET/COURT | FD ADDDFSS. |

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

| St. Andrews Sail and | Poble | |
|--|---|--|
| (Name of the Limited Liability C (A Florida Lin | ompany as it now appears on onited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability Completion of Complete Liu Control of Complete Liu Control of Complete Complete Liu Control of Complete Compl | pany were filed on 4/1 | ul/2014 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited $\mathcal{N} / \mathcal{A}$. | | |
| The new name must be distinguishable and end with the words "Limited | d Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N.A | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | ······································ |
| | | (* |
| Enter new mailing address, if applicable: | N.A | 5 1 E |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | · /·· |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | records, enter the name of the new |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | | |
| | Enter Florida str | eet address |
| | Cit | , Florida |
| | City | Zıp Со d е |

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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Title** Name | Bendumin R. Owens 3810 W. 17487 Panen 4 City Fl □ Remove □ Add □ Remove _□ Add □ Remove □ Add ☐ Remove _□ Add ☐ Remove

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| The effective date the date this doc | e must be specific, cannot be prior to nument is filed by the Florida Departs | o date of receipt or filed date and cannot be more ment of State) 20 # 4 | e than 90 days after |
| The effective date the date this doc | e must be specific, cannot be prior to nument is filed by the Florida Departs The House H | or date of receipt or filed date and cannot be more ment of State) AGM 4 If a member or authorized representative of a member of a membe | e than 90 days after |

Page 3 of 3

Filing Fee: \$25.00