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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Vitality Watersports

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:

## James O'Connor

Name of Person

## Vitality Watersports

Firm/Company

8100 24th Ave. N.

Address

# Saint Petersburg, FL 33710

City/State and Zip Code

james.oconnor20@yahoo.com

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

For further information concerning this matter, please call:

## James O'Connor

<sub>.,</sub>612`,545-7078

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

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Conformal document number L14000104343		4 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
he new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or t	he abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	SS)		
	-		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	-		
3. If amending the registered agent and/or register	red office address on our records, ent	er the name	of the
registered agent and/or the new registered office address			VI 1110
		<b>22</b>	
Name of New Registered Agent:			unieres - 3/5
New Registered Office Address:	3333	# <b>5</b>	487212A
	Enter Florida street address	<b>7</b>	g D Serve tru
		وتت الدياك	i d
	, Florida	Zip Gode	Se restate

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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Adam Winter	8100 24th Ave. N.	
		Saint Petersburg, FL 33710	Remove
MGR	James O'Connor	8100 24th Ave. N.	
		Saint Petersburg, FL 33710	Remove
			Add
			Remove
			Remove
			- Add Add Remove
			Add
			□ Remove

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ffective date must be specific, cannot be prior to date of receipt or filed date and cate this document is filed by the Florida Department of State)	
1. D'C	annot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and cate this document is filed by the Florida Department of State)	annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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