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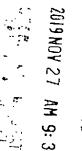


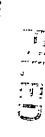
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COVER LETTER

Registration Section Division of Corporations

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	SID IF CT.	INFINITE	DESCENT DIV	VE LLC			
Please return all correspondence concerning this matter to the following: G. MICHAEL NELSON, ESQ. Name of Person NELSON, BISCONTI & MCCLAIN, LLC Firm/Company 1005 N. MARION ST. Address TAMPA, FL 33602 City/State and Zip Code gmnlaw@hotmail.com phone: (813) 221-0999 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Veneziano Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S40} & \text{623-9620} \\ Area Code Daytime Telephone Number Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building	SUBJECT: _		<u> </u>	Name of Lim	ited Liability Company		
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Name of Person NELSON, BISCONTI & MCCLAIN, LLC Firm/Company 1005 N. MARION ST. Address TAMPA, FL 33602 City/State and Zip Code gmnlaw@hotmail.com phone: (813) 221-0999 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Veneziano Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building	Please return a	ll correspond	dence concernin	g this matter	to the following:		
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITE DESCENT DIVE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on __4/23/2015 and assigned L15000071979 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAD BEACH DIVE SHOP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here: G. Michael Nelson, Esq. Name of New Registered Agent: 1005 N. Marion St. New Registered Office Address: Enter Florida street address

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.

City

Tampa

If Changing Registered Agent, Signature of New Registered Agent

Florida 33602

ii amending Authorized Person(s) authorized to manage, enter the tipe, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	COBB, MEMORY C	15424 2ND ST E. MADEIRA BEACH, FL 33708	Add
	i		■ Remove
			☐ Change
AMBR	FOSNESS, NATHAN B	15424 2ND ST E. MADEIRA BEACH, FL 33708	Add
			■ Remove
			☐ Change
AMBR	VENEZIANO, JOHN W	12300 4TH ST E TREASURE ISLAND, FL 33706	■ Add
			☐ Remove
			☐ Change
AMBR	CARTER, SARAH	1704 GORMAN DR. ERIE, PA 16505	Add
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			☐ Change
AMBR	Talalor, Mark	301 SNELL ISLE ELVD NE ST. PETERSBURG FL 33713	■ Add
			☐ Remove
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			Add
			□ Remove
			Change

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
	
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E. Effective date, if other than the date of	of filing: (optional)
(If an effective date is listed, the date must be spec	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) es not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effect (b) The 90th day after the record is	tive date, but not an effective time, at 12:01 a.n. on the earlier of: filed.
Dated NOVEMBER 6, 2019	
X //	
Signatu	re of a member or authorized representative of a member
joi/tveneziano	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00