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OCT 14 2015 S. YOUNG

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: BISCAURE Aquatic Society, 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:
JOHN C HARRISON, JR. Name of Person
Biscours Aquatic Society LLC
P.O. Box 144294
Coral Gables FL 33134 5 7
L-mail address (To be used for future annual report notification)
For further information concerning this matter, please call:
John C. Harrison, Jr. at (305) 216-3919 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
V. \$25.00 Filing Fee. South \$30.00 Filing Fee. & S55.00 Filing Fee. & S60.00 Filing Fee

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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 Compan (A Flor da Limited Li	y as it now appears be our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L/5000151418</u> .	were filed on 09/03/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)	528 Minorca AVE Coral Gobles, FL 33134
Enter new mailing address, if applicable:	P.O. Box 144294 17
(Mailing address MAY BE A POST OFFICE BOX)	Coval Goops FT 30119
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	n C. Horrson, JR.
New Registered Office Address: 52	28 MINORCA AVE Enter Florida street address
CORA	L CABLES, Florida 33134 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, Lhereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Title Address** Type of Action Name William M Tuttle, II 700 South Dixis Highway and Coral Gables FL 33146 Remove _□ Change Duffield W Motson, III 700 5. Dixiz Havy Coral Gables FL ★ Remove Change MGR John C. Horrison ir P.O. Box 144294 Coval Gobbs FL ☐ Change _t∃ Remove; 📆 ____Change 5-7-1 W \square Add □ Remove _□ Change \square Add □ Remove

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Filing Fee: \$25.00