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## **COVER LETTER**

Division of Corporations
SUBJECT: American Water Sports Center LCC 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:
5
Name of Person
Name of Person
American Watersports Center Firm/Company
1818 Michigan Aue Apt 1 JAddress
Mixm: Beach FL 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicholas Burnett at (305) 796-6687  Name of Person Area Code Daytime Telephone Number
Name of Forson Falls Code Sayane Coophoto Namon
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

ARTICLES OF ORGANIZATION OF The Articles of Organization for this Limited Liability Company were filed on NOO, 15 2015 and assigned L 15000190268 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: Boot Rentals The new name must be distinguishable and contain the words "Limited 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 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to ma	anage, enter the title, name, and address of eac	n person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Nicholas Burnett	1818 Michigan Ave	Add
		APT 1	□ Remove
		MiAmi Beach FL 33139	Change
			Add
			□ Remove
			Change
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cective date, if other than the date of filing:	otional) fter filing.) Pursuant to 605.0207 ( this date will not be listed as t
record specifies a delayed effective date, but not an effective time, at 12:0 he 90th day after the record is filed.	1 a.m. on the earlier of:
ted 03-96-7, 2017.	
Signature of a member or authorized representative of a member  Nicholas Burnett	

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Filing Fee: \$25.00