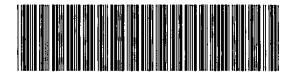
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PICK-UP	☐ WAIT	MAIL.
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TO:		istration Se ision of Cor			
		Soaring H2	0 LLC		
SUBJ	JECT:		Name of Lim	ited Liability Company	
The e	nclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspo	ndence concerning this matter	to the following:	
			Keith A. Brady		
				Name of Person	
			Keith Brady Law		
			 .	Firm/Company	
			1403 Durling Drive South		
				Address	
			South Pasadena, FL 33707		
			_	City/State and Zip Code	
			E-mail address: (to be used for future annual report no	tification)
For fu	urther in	nformation c	oncerning this matter, please ca	all:	
Keith	a A. Bra	ady		727 201 7754 at ()	
		Name o	f Person	Area Code Daytir	ne Telephone Number
Enclo	osed is a	a check for th	ne following amount:		
■ \$:	25.00 F	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 enclose

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 ORGANIZATION OF

Soaring H20 LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records imited Liability Company)	.)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited SoaringH2o LLC	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		15 DEC 28 P	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>ss here</u> :	enter the name of the no	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flor	rida 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, 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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If an effective Note: If to document he record	date, if other than the date of filing:	is date will no	t be lis	ited as t
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Dated	c. 21 2015			
	Signature of a momber or authorized representative of a member			
	Keith A. Brady, Attorney at Law			
	Term In Diady, i thorney at the			

Page 3 of 3

Filing Fee: \$25.00