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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECKETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---------------------------------|---|---|
| SUBJECT: Soaside | Name of Limit | ed Liability Company | |
| The enclosed Articles of Amendment | and fee(s) are subn | nitted for filing. | |
| Please return all correspondence conc | erning this matter to | o the following: | |
| | Justin | Name of Person | |
| · | Seasion | le Kalakin Firm/Company | g |
| <u>U</u> ; | 375 A | ne Lake nd | |
| Bo | nita_ | SOVINGS Y City/State and Zip Code | 34134 |
| <u>w</u> | NW. Segs E-mail address: (to | be used for future annual report not | (OV) |
| For further information concerning th | s matter, please cal | II: | |
| Name of Person | 4nlly | at (239) 68 Area Code Daytin | 7 - 9 4 98 ne Telephone Number |
| Enclosed is a check for the following | amount: | | |
| • | Filing Fee & ficate 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

| Spaside Kayakı | ng | | | |
|--|---------------------------------------|--|------------------|----------------|
| Name of the Limited Liability Company (A Florida Limited Lia | y as it how appea ability Company) | | | |
| The Articles of Organization for this Limited Liability Company w Florida document number | vere filed on _ | 10/18/2016 | _ and ass | igned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabil | ity company h | e <u>re</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the | designation "LLC" or the abbre | viation "I | L.C." |
| Enter new principal offices address, if applicable: | | | ≅_ | 13.VIO |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u>~</u> | CH. |
| | | | | |
| | | | 옾 | STOP (F |
| Enter new mailing address, if applicable: | | | —— ;; | 2 <u>22</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> | - 2 |
| B. If amending the registered agent and/or registered office address here: | | n our records, <u>enter th</u> | e name | of the ne |
| Name of New Registered Agent: | | ······································ | | |
| New Registered Office Address: | | | | |
| | Enter Flo | orida street address | | |
| | City | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | Ciţ | | гар Соне | |
| I hereby accept the appointment as registered agent and agree | to act in this | canacity I further agree | to come | dv with the |
| provisions of all statutes relative to the proper and complete p | erformance o | f my duties, and I am fam | illiar wit. | h and |
| accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a | | | | |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 | Name | Address | Type of Action | | |
|-----------------------|--------------|--|----------------|--|--|
| Title AMBR Mark | Lindsay Bell | 4375 Pinelake Rd | O Add | | |
| | , | 4375 Pinelake Rd Bonita Springs F1 34 | 134 🗆 Remove | | |
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| n effective d te: If the | ate, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa | e specific and c does not n | l cannot be prior neet the applic | cable statutory | g or more than | | ing.) Pursuant to | |
| | specifies a delayed e h day after the record | | | ot an effect | ive time, a | t 12:01 a.ı | m. on the ea | rlier (|
| ted | 8/14/WF | | 2018 | <u>~</u> · | | | | |
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