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(Business Entity Name)	
(Document Number)	_
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315 Wost Burg, Suita 240

All Arter, NJ 48103

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

September 24, 2018

Re: Winter Haven Watersports LLC LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Ben Groen to file the enclosed Amendment for Winter Haven Watersports LLC LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Enitia Corporation

COVER LETTER

SUBJECT	: Winter Ha			
		Name of Limi	ted Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please retu	rn all correspond	lence concerning this matter t	o the following:	
		Shannon Stahlin		
			Name of Person	
		Direct Incorpora		
			Firm/Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shannon Stahlin Name of Person Direct Incorporation Firm/Company 315 W Huron St. Ste 240 Address Ann Arbor, MI 48103 City/State and Zip Code documents@directincorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shannon Stahlin Name of Person Area Code Daytime Telephone Number				
			Address	
Division of Corporations SUBJECT: Winter Haven Watersports 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: Shannon Stahlin Name of Person Direct Incorporation Firm/Company 315 W Huron St. Ste 240 Address Ann Arbor, MI 48103 City/State and Zip Code documents@directincorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shannon Stahlin 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) Certificate of Status Certificat Copy (continued Liability Company Annual Liability Co				
			City/State and Zip Code	
		documents@dire	ectincorp.com o be used for future annual report notif	ication)
For further	information cor			
Shan	non Stahlin		at (877) 281-6496	
	Name of F	Person	Area Code Daytime	: Telephone Number
Enclosed is	s a check for the	following amount:		
□ \$25.00	Filing Fee	-	Certified Copy	Certificate of Status &

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

	18 OCT FILED
	AH 6: 12
<u>i.</u>)	- LORIDA

	N WATERSPORTS LLC	- FLORIDA
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/10/2017	and assigned
Florida document number <u>L17000080122</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADD	DRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	-	nter the name of the n
registered agent and/or the new registered office ac	idress nere:	
Name of Nam Devictored Agents		
Name of New Registered Agent:		
New Registered Office Address:	C. Elst.	<u> </u>
	Enter Florida street address	
	, Floric	
	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, 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

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

<u>Title</u>	Name	Address	Type of Action
Ambr	ST. ONGE, KEITH	3615 JULIUS ESTATES BLVD	Add
		WINTER HAVEN, FL 33881	Remove
			☐ Change
			Add
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			Change
.			Ade T
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(If an effi Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 24 2018
	5 - 5 -
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00