L17000152323

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COVER LETTER

то:	Registration Sec Division of Cor		,							
Pristine Waters Sports LLC										
SUBJECT:Name of Limited Liability Company										
The en	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing							
Please	return all correspo	ndence concerning this matter	to the following							
		Allan Zamorano								
			Name of Person							
		Pristine Waters Sports LLC	•							
		····	Firm/Company							
		1015 NW 23rd St								
			Address							
		Miami FL 33127								
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·						
		PristineWaterSports@gmail								
			to be used for future annual report notif	(canon)						
For fu	ither information c	oncerning this matter, please ca	all:							
Allan	Zamorano		718 737-6118							
	Name o	f Person	at ()	e Telephone Number						
Enclos	sed is a check for th	ne following amount:								
□ \$2	25.00 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 enclosed)						

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Pristine Waters Sports LLC		
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L17000152323	were filed on <u>7-17-2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:	
Pristine Water Sports LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 cuss
Principal office address MUST BE A STREET ADDRESS)		G. C.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		0
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our record re:	s, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	75.5
	, F)	lorida
	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 Title <u>Name</u> <u>Address</u> Type of Action _□ Add □ Remove _□ Change __ 🗆 Add □ Remove ☐ Change \square Add ☐ Remove □ Remove •--**⊡**-Change □ Add _□ Remove ☐ Change □ Add □ Remove

_□ Change

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Tective date, if other than the meffective date is listed, the date mote: If the date inserted in this becoment's effective date on the l	ust be specific and cannot be block does not meet the a	e prior to date of filing of applicable statutory f	(optio or more than 90 days after t iling requirements, this	iling.) Pursuant to 605	5,020 ed a
e record specifies a delaye The 90th day after the re	ed effective date, but cord is filed.	ut not an effectiv	re time, at 12:01 a	.m. on the earli	erc
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ated	Rignattije of a member o	or authorized representa	live of a member	2017 007	
Allan Zmaorano	Signature of a member of	r authorized representa	tive of a member	700710	Em See

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Filing Fee: \$25.00