## 47000200779

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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N COOPER JUN 12 2018

## **COVER LETTER**

	sion of Corp			
SUBJECT:	water sport	ts of miami llc		
NOBJECT.				
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Adewale Ojomo		
			Name of Person	
		water sports of miami llo		
			Firm/Company	
		488 nw 165 street RD		
			Address	
		miami fl 33169		
			City/State and Zip Code	
		miamijetskitours@gmail.c	corn to be used for future annual report notifi	
For further in	formation co	oncerning this matter, please or	·	Cation)
Adewale Oj	omo		786 780-7792	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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, 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

Water Sports Of Miami LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 09/28/17	and assigned
Florida document number L700200779		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	<del></del>
		NOF B
Enter new mailing address, if applicable:		<u>×</u> సౌగ్లో
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
		<del>-</del> 30 • 28
B. If amending the registered agent and/or registered agent and/or the new registered office addre	·	ter the name of the new ∞
registered agent and/or the new registered office address	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street address	
	, Florida	-
	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> <u>Name</u> <u>Address</u> **Type of Action RONNY CONEY** 736 NW 48 STREET 33127 **AMBR** \_**⊡** Add □ Remove ☐ Change 488 NW 165TH ST RD APT-B314 MIAMI, FL 33169 CEO ADEWALE OJOMO ■ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change DAdd □\_ ☐ Remove ☐ Change \_ 🗖 Add \_□ Remove

\_□ Change

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Signature of a member or authorized representative of a member				
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Filing Fee: \$25.00