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COVER LETTER

Division of Corp	orations		•
S.O.L Scuba SUBJECT:	Tech Latin America, LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Michelle Reis		
	Scuba Tech Latin America, LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Michelle Reis Name of Person Reed & Co. CPA's Firm/Company 6751 N. Federal Highway. Suite 201 Address Boca Raton, Fl. 33487 City/State and Zip Code michelle@reedcpafirm.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (
	Reed & Co. CPA's		
		Firm/Company	
	6751 N. Federal Highway,	Suite 201	
		Address	
	Boca Raton, Fl. 33487		
		City/State and Zip Code	
	·		
For further information co		·	ication)
Michelle Reis	, , , , , , , , , , , , , , , , , , ,	561 455-1022	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee			

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

S.O.L. Scuba Tech Latin America, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 9/28/2017	and assigned
Florida document number L17000201200 .		
Γhis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		1 0 Fig.
		2 C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	****	इस ह
muning maness MAT BE AT OST OFFICE BOX		
		<u> </u>
B. If amending the registered agent and/or registered	office address on our records.	enter the name of the
registered agent and/or the new registered office address ho		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	da ·
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
hereby accept the appointment as registered agent and ag	eree to act in this capacity. I furth	er agree to comply with

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Oliver Pezzoli	825 Egret Circle, Apt. A507	Add
		Delray Beach, Ft. 33444	Remove
			☐ Change
Mgr	Sergio Lazzari	825 Egret Circle, Apt, A507	Add
		Delray Beach, Fl.33444	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
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