## 117000230870

(Req	uestor's Name)	
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J. LEGGET

## **COVER LETTER**

TO: Registration Se Division of Cor			
Warrior Wa	uer Sports LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Lucas		
		Name of Person	
		Firm/Company	
	P.O. Box 607295	Name of Person  Firm/Company  25  Address  a 32860  City/State and Zip Code ail.com ail address: (to be used for future annual report notification)  er, please call:  at (	
		Address	
	Orlando, Florida 32860		
	lucasbriane@gmail.com	City/State and Zip Code	
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
Brian Lucas			
Name o	r Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	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

Warrior Water Sports LLC		
( <u>N</u> ame 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 Florida document number £17000230870	mpany were filed on 11/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Sucasa Investments LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbitivitation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	2
Enter new mailing address, if applicable:		2000年
(Mailing address MAY BE A POST OFFICE BOX)	-	<del>,                                    </del>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	······································	
	Enter Florida street address	
	Flor	ida
	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 Type of Action Address Name □ Add ☐ Remove \_ 🗆 Change ☐ Remove ☐ Change \_\_\_\_\_ 🗖 Add \_\_ □ Remove \_\_\_\_\_ Change □ Add ☐ Remove \_\_\_\_ □ Change \_\_\_\_\_\_ Add ☐ Remove \_\_\_\_ Change □ Add □ Remove \_□ Change

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ite: If the date inserted in this blenment's effective date on the D	ock does not i	meet the applic	able statutory	filing requirer	nents, this da	te will not b	e listed
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record specifies a delayed			ot an effect	ive time, at	12:01 a.m	n. on the e	earlier
The 90th day after the rec	ord is filed.						
January 23		2018					
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Typed or printed name of signce

Filing Fee: \$25.00