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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Division of C			
Freedom SUBJECT:	Watersports LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Chad D. Smith		
		Name of Person	
	Freedom Watersports LLC		
	-	Firm/Company	
`	13217 NW 7 Place		
		Address	
	Plantation, FL 33325		
	parasail1976@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca		
Chad D. Smith		864 606.7722	
Nam	e of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$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, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom Watersports LLC			
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	<u>ds.</u> }
The Articles of Organization for this Limited 1	Liability Company w	ere filed on 12/1/17	and assigned
Florida document number L17000246633	····································		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLG	C" or the abbreviation "L.L.C,"
Enter new principal offices address, if appli	icable:		SE SE
(Principal office address MUST BE A STREET ADDRESS)			e ce
			<u> </u>
	-		च द ्व
Enter now mailing address if anniaghter			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			-
	•		(
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our record	ls, enter the name of the new
Name of New Registered Agent:	Chad D. Smith		
New Registered Office Address:			_
		Enter Florida street addre	:ss
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chad D. Smith	13217 NW 7 Place	
		Plantation, FL 33325	□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ock does not meet the app	olicable statutory fi	(opt r more than 90 days afte ling requirements, th	ional) er filing.) Pursuant t is date will not be	o 605.0207 (e listed as tl
ne record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	not an effective	e time, at 12:01	a.m. on the e	arlier of:
Dated Deember 12	. 2017	·			
	1//// 1.				
<u> Valley d</u>	Signature of a member or a	uthorized seven autor	ive of a member		_

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Filing Fee: \$25.00