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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:				
CUB		ACK, LLC		
Division of Corporations  WHALEBACK, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Mareo Caporaso  Name of Person  WHALEBACK, LLC  Firm/Company  159 SE 30th Ave  Address  Boynton Beach, Florida 33435  City/State and Zip Code whalebackpaddleboards@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Marco Caporaso  Name of Person  Name of Person  Daytime Telephone Number				
The o	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		WHALEBACK, LLC  Name of Limited Liability Company  seed Articles of Amendment and fee(s) are submitted for filting.  urn all correspondence concerning this matter to the following:  Marco Caporaso  Name of Person  WHALEBACK, LLC  Firm/Company  159 SE 30th Ave  Address  Boynton Beach, Florida 33435  City/State and Zip Code whalebackpaddleboards@gmail.com  E-mail address: (to be used for future annual report notification)  rt information concerning this matter, please call:  uppraso  Name of Person  Name of Person  Daytime Telephone Number  is a check for the following amount:		
			Name of Person	
		WHALEBACK, LLC		
			Firm/Company	
		159 SE 30th Ave		
			Address	
		Boynton Beach, Florida 33	435	
			,	
				·
		E-mail address: (t	to be used for future annual report not	ification)
For f	urther information co	oncerning this matter, please ca	ıll:	
Marc	co Caporaso		at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	osed is a check for th	ne following amount:		
<b>■</b> \$	225.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

WHALEBACK, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Compan Florida document number L18000012761	y were filed on January 16, 2018	and assigned
This 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 Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRETT ALLAHA 18 FEB
Enter new mailing address, if applicable:		ARY OF
(Mailing address MAY BE A POST OFFICE BOX)		STATE FLORID
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		r the name of the new
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	

ten itelistered recent strictionately it changing receivered recent,

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	Marco Caporaso	159 SE 30th Ave	B Add
		Boynton Beach, FL 33435	☐ Remove
		<del> </del>	Add
		<del></del>	☐ Remove
			Remove
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Tective date, if other than the date in effective date is listed, the date must be sp	of filing:			(optio	nal)	
n effective date is listed, the date must be sp te: If the date inserted in this block de	ecific and cannot be oes not meet the ap	orior to date o plicable sta	f filing or more th utory filing req	an 90 days after f uirements, this	filing.) Pursuant t date will not be	o 605.020 e listed a
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record specifies a delayed effe The 90th day after the record i		not an e	fective time	, at 12:01 a.	.m. on the e	arlier c
January 25 ted	2018					
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Signa	ture of a member or	uthorized re	oresentative of a	member		
Erin Whalev		- (	/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00