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SECRETARY OF STATE OLVISION OF CORPORATIONS

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COVER LETTER

	egistration Se vision of Cor			•
		de Watersports, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Doug Phares		
			Name of Person	-
		Tierra Verde Watersport	s, LLC	
			Firm/Company	
		426 19th Avenue NE		
			Address	_
		St. Petersburg, FL 3370	4	
			City/State and Zip Code	
		dougphares@gmail.com	to be used for future annual report notific	nation)
5 6 4			•	actory
For further	information co	oncerning this matter, please ca	all:	
Alexander	Zesch		727 895-8050 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tierra Verde Watersports, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on May 10, 201	and assigned
Florida document number L18000118117		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "\C."
Enter new principal offices address, if applicable:	100 Pinellas Bayway S	19 7 19 19 19 19 19 19 19 19
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 3371	5 E X C X C X C X C X C X C X C X C X C X
		O CR. F.
		AM RPOF
Enter new mailing address, if applicable:		æ æ
(Mailing address MAY BE A POST OFFICE BOX)		₽
Truesing was too MIT BE IT OUT OF OTTICE BOND		
B. If amending the registered agent and/or registered o		ords, enter the name of the no
registered agent and/or the new registered office address her	<u>·e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>!</u>	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name Address Type of Action Add Remove Change		
			□ Remove
			☐ Change
			
			□ Remove
			☐ Change
<u>. </u>			Add
			☐ Remove
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			Add
			□ Remove
			☐ Change
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mending any other information, enter change(s) here: (Attach additional sheets, if		
		
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	26	7
rective date, if other than the date of filing:	optional) s after filing.) Pursuant to 605. s, this date will not be liste	.020 ed a
record specifies a delayed effective date, but not an effective time, at 12:6 The 90th day after the record is filed.	01 a.m. on the earlie	≘r(
ted $9-18.18$		
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00