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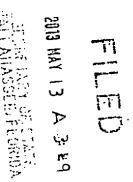
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MARIN TELETIN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BADA BING WATEN SPORTS 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:
DOUGLAS BYRD Name of Person
BADA BINLY WATER SPECTS LLC Firm/Company
200 BEACH DR. N.E SWITE 2
St. PETERSB. 29 [Lower 3370] City/State and Zip Code
THE C BAN BING WATER SPORTS. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 592-1111 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\subseteq} \sum_{\subseteq} \sum_{\su

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

BADA Brug WATEN SPORTS (CC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

2019 HAY 13 A 3 49

The Articles of Organization for this Limited Liability Florida document number	y Company were filed on That E: 15, 2018, and assigned 127 TALLAHASSEES FLUMUDA
This amendment is submitted to amend the following	, ,
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida Zip Code
	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

WAIDE = WITHOUTER INCHINCT

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBE	Susan G. SHETTLER	400 BEACH DR. N. E 1801	∟_ ⊡ Add
		ST. PETERSPURG, FL 3970	Pl_□ Remove
			Change
AMBR	DANTE O. CLANKE	57. PETERSBURG PLEASE	12 *Add
		ST. PETERSBURY FLORIDA	Remove
			Change
			Remove
			Change
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			Remove
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	(ontional)
No. of c	ctive date, if other than the date of filing:
If the r (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00