L18000238201

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COVER LETTER

DIVISIO	n of Corpora	tions		
SUBJECT:	Stay Dri LL			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed An	ticles of Ame	ndment and fee(s) are subt	nitted for filing.	
Please return all	corresponden	ce concerning this matter t	to the following:	
	I	Lisa Firestone		
	_		Name of Person	
			Firm/Company	
	I	7540 SW 93rd Pl		
	_	<u> </u>	Address	
	I	Palmetto Bay FL, 33157		
	- li.	sa,firestone@staydriscuba	City/State and Zip Code	
			to be used for future annual report not	fication)
For further infor	mation conce	ming this matter, please ca	ıll:	
Lisa Firestone			305 582-6121 at () Daytin	
	Name of Pers	son	Area Code Daytin	ne Telephone Number
Enclosed is a che	eck for the fo	lowing amount:		
□ \$25.00 Filing	g Fee C	l \$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:

TO: Registration Section

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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 OCT 22 AM 11: 20

Stay Dri LLC SELECTARY OF STATE (Name of the Limited Liability Company as it now appears on our records) LLAHASSEE, FL (A Florida Limited Liability Company) October 8th, 2018 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____L18000238201 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stay Dri Scuba L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___ Cim 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>	Name	Address	Type of Action
AMGR	Lisa Firestone	17540 SW 93rd Pl Palmetto Bay FL, 33157	■ Add
			Remove
			Change
			
			☐ Remove
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i ii amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
(If an effective Note: If t	date, if other than the date of filing:
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of 0.00 of the record is filed.
Dated	October 17 2018
	SM-+
	Signature of a member or authorized representative of a member
	Lisa Firestone
	Typed or printed name of signee

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Filing Fee: \$25.00