

219000115105

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2022 MAY 27 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUN - 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paddle Board St Augustine

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:

Gregory Breasell

Name of Person

Paddle Board St Augustine

Firm/Company

612 Sands Dr

Address

St Augustine FL 32080

City/State and Zip Code

floridaadventures@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Braswell

407 2053631
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Paddle Board St Augustine LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2022 MAY 27 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on April 29 2019 and assigned
Florida document number L19000115105.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Silver Springs Kayaking Adventures LLC

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 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

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



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAY 27 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FL

May 18, 2022

GREGORY BREASELL
612 SANDS DR
ST AUGUSTINE, FL 32080

SUBJECT: PADDLE BOARD ST AUGUSTINE LLC
Ref. Number: L19000115105

We have received your document for PADDLE BOARD ST AUGUSTINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 822A00011359