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-COVER LETTER

Division of Corporations					
SUBJECT: High Sea Adventure Company 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:					
Andrew Kincon Name of Person					
Itigh Sea Adverture Company UC					
1122 Contro Rel					
Torpon Spring FL 3-1689 City State and Zip Code					
the high sea adverture co @ small (cm)					
For further information concerning this matter, please call:					
Andrew Khan 31,727, 692 0468					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy Gadditional copy is enclosed & 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L146601</u>3758 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
MGR	Tyler Danie	2057 Pine Ridge D	Add
		2057 Pine Ridge D Clearwater, FL 33	763 _ Remove
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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.	0207 (3)(t d as the
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated _	-6/28/14 June 28 2019.	
	Signature of a member or authorized representative of a member	
	Andrew Khan	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00