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09/13/19--01017--012 **25.00

2019 SEP 12 PM 4: 35

C. GOLDEN SEP 2 5 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hoffmann Water 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:
Mark Bahr Name of Person
Hoffmann Water Sports LLC
PO BOX 1392
Marco Island FL 34146 City/State and Zip Code
nancya Marco Island Water Sports. Com
For further information concerning this matter, please call:
Mark Bahy at (239) 1999 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 (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & \Bigcup \$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

•	71
Name of the Limited Liability Comp (A Florida Limited)	and as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1900 181867	were filed on 7/25/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	PO Box 1392 Marco Osland FL 34144
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	F1 11

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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		
Title Name	Address	Type of Action
Mark Bahr	PO Box 1392	X (Add
AMBR Pres	Marco Usland FL 34141	□ Remove
		⊘ Change
Brandon Bahr	PC Box 1392	Add
AMBR VP	Marco Usland, FL 3414	<mark>仏 □ Remove</mark>
	·	Change
		Add
		Remove
		Change
		Add
		Remove
		Change
		🗅 Add
		□ Remove
		Change
		Add
		□ Remove
		□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>.</u>	
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lionell <u>Note:</u>	ve date, if other than the date of filing: (optional) certive 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ne rec The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated	SETTEMBER 9 . ZOIS
•	Sytoff
	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00