K2000	0093404
(Requestor's Name) (Address) (Address)	800385127708
(City/State/Zip/Phone #)	04/21/2201025013 ++60.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2022 JUN 30 AM 8: 19
Signature Loions Office Use Only	Nome Chang
war - Bulle SLO	JUL 1 1 2022

D CUSHING

TO: Registration Section Division of Corporations

SUBJECT: <u>All Américan Water Sports</u> 1/C. 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:

Authony Chandler Name of Person A&H Consolidated LLC. Film Company 12945 Longview Circle Address 022 JUN 30 Jackson LILLE, FL 32223 City State and Zin Code <u>AHCONSOLIdatel C. Gmail. com</u> E-mail address: (to be used for future annual report notification) ë For further information concerning this matter, please call: وا Anthony Chandler at (912) 258-1733 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filmg Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2022

ANTHONY CHANDLER A & H CONSOLIDATED LLC 12945 LONGVIEW CIRCLE JACKSONVILLE, FL 32223

SUBJECT: ALL AMERICAN WATER SPORTS LLC Ref. Number: L20000093404

We have received your document for ALL AMERICAN WATER SPORTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing Senior Section Administrator

Letter Number: 622A00013783

ARTICLES OF # T(ARTICLES OF O OI	RGANIZATION
<u>AN AMCA'CAN WAT</u> (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ter SPORTS II (
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000097404</u>	were filed on $4/19/22$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabit $A = A + C + C + C + C + C + C + C + C + C +$	ty Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (<u>Principal office address MUST_BE A STREET ADDRESS)</u>	J2945 Longhiew Cir Jax FL32223
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some cis above
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

New Registered AgenUs 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 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

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<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	6	2.8	20.22	
		1	Λ	
			Signature of a member of authorized representative of a member	
		,,,,,,,,	thony Chandler	
			Typed or printed name of signee	