120000351406

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | Registration Sec Division of Corp | | | | | |
|-----------|--------------------------------------|--|--|--|--|--|
| SHD ICA | | ETSKI RENTALS, LLC | | | | |
| SUBJEC | Л: | | ited Liability Company | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | emitted for filing. | | | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | | | |
| | | DARREN EDWARDS | | | | |
| | | | Name of Person | | | |
| | | ZENITH JETSKI RENTA | LS, LLC | | | |
| | | | Firm/Company | | | |
| | | 4401 NW 34TH COURT | | | | |
| | | | Address | ···· | | |
| | FORT LAUDERDALE, FL 33319 | | | | | |
| | | | City/State and Zip Code | | | |
| | | DARRENED89@GMAIL. | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | |
| For furth | er information co | oncerning this matter, please ca | all: | | | |
| DARRE | N EÐWARDS | | 954 494-1567 at () | | | |
| | Name of | Person | Area Code Daytimo | : Telephone Number | | |
| Enclosed | is a check for the | e following amount: | | | | |
| \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

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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

| ZENITH JETSKI RENTALS, LLC | | | |
|---|---|--|--|
| (Name of the Limit | ted Liability Compa (A Florida Limited | uny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited L Florida document number L20000251406 | iability Company | were filed on <u>08/17/2020</u> | and assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | oility company here: | |
| The new name must be distinguishable and contain the v | | En Company and I also also and I company | |
| | | 4401 NW 34TH COURT | abbreviation "L.L.C. |
| Enter new principal offices address, if applicable: | | FORT LAUDERDALE, FL 33319 | |
| (Principal office address MUST BE A STREE | <u> 1 ADDKESS)</u> | | |
| Enter new mailing address, if applicable: | | 4401 NW 34TH COURT | 21 007 |
| (Mailing address MAY BE A POST OFFICE BOX) | | FORT LAUDERDALE, FL 33319 | 10 C |
| | | | 10000000000000000000000000000000000000 |
| B. If amending the registered agent and/ registered agent and/or the new registered of | or registered of | ffice address on our records, <u>ente</u> | r the name of the new |
| Name of New Registered Agent: | DARREN EDV | VARDS | |
| New Registered Office Address: | 4401 NW 34TF | | |
| | | Enter Florida street address | · · |
| | FORT LAUDE | RDALE Florida 3 | 3319 |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|-------------------------|----------------|
| MGR | RAMONA F EDWARDS | 300 W OAKLAND PARK BLVD | |
| | | SUITE 135 | ■ Remove |
| | | WILTON MANORS, FL 33311 | Change |
| MGR | TARCHANDRA N ROSCOE | 300 W OAKLAND PARK BLVD | |
| | | SUITE 135 | Remove |
| | | WILTON MANORS, FL 33311 | □ Change |
| | | | |
| | | | Remove 7 |
| | | | Change |
| | | - | |
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| | OR 5. |
| | |
| Effective date, if other than the date of filing: | (optional) |
| fan effective date is listed, the date must be specific and cannot be prior to date of filing or mon | e than 90 days after filing.) Pursuant to 605.0207 |
| Note: If the date inserted in this block does not meet the applicable statutory filing a document's effective date on the Department of State's records. | requirements, this date will not be listed as |
| | |
| ne record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed. | ne, at 12:01 a.m. on the earlier of |
| Dated OCTOBER 22ND 2021 | |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00