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21 JUN 21 PM 2: 45

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: JETSKI	AND WATERSPORTS REP			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
rease return un correspo		to the tone unig.		
		MICHAEL PINEDA		
		Name of Person		
		Firm/Company		
		4585 SW 152 Avenue		
		Miramar, FL 33027		
		City/State and Zip Code		
		Mpfire@me.com		
	E-mail address: (to be used for future annual report nor	tification)	
For further information of	concerning this matter, please c	all:		
MICHAEL PINEDA		at (305) 778-347	3	
Name o	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he following amount:			
∑ \$25.00 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)	
<u>Mailing Addre</u>	ss:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 632				
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIZATION LANGE TO THE STATE OF THE STATE OF

JETSKI AND WATERSPORTS REPUBLIC, LLC

21 JUN 21 PH 2: 45

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on	April 29, 2021	and assigned
Florida document numberL21000199251	··········		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	ere:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our r	ecords, <u>enter the name</u>	of the new registere
agent and/or the new registered office address here.			
Name of New Registered Agent:			
	<u>. </u>		
New Registered Office Address:	Enter Flor	ida street address	
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of gent as provided for in C ed office address, I herel	my duties, and I am fo Chapter 605, F.S. Or, i	miliar with and f this document is
	If Changing Registered Ag	ent, Signature of New Regi	stered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

्राप्टेस के जिल्ला है। सर्पटारी में जी जाती के मार्च

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 21 JUN 21 PH 2: 45	Type of Action
AMBR	MICHAEL PINEDA	4585 SW 152 Avenue	□Add
		Miramar, FL 33027	□Remove
			™ Change
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effective te: If the	date is listed, the date must be	te of filing: April 28 specific and cannot be prior to date does not meet the applicable st rtment of State's records.	of filing or more than	(optional) 90 days after filing.) rements, this date	Pursuant to 605 will not be list
ecord species filed.	cifies a delayed effective d	ate, but not an effective time, at	12:01 a.m. on the	carlier of: (b) The	e 90th day afte
ed	June 10	, 2021		0	
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Filing Fee: \$25.00