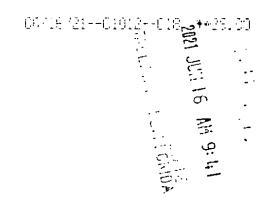
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	Oasis	Boat & SKI Name of	Rentals of Limited Liability Compar	Tam	pa Bay LLC	
The enclosed .	Articles of A	mendment and fee(s) are	submitted for filing.			
Please return a	all correspond	dence concerning this ma	atter to the following:			
		Christ	an Rios Name of Perso	on		
		Oasis Boat	& SKI Renta Firm/Compan	15 0 f	Tampa Bay	
		5318 N Fa	ilkenburg Ro	<u> </u>		
		Tamp	City/State and Zip	D		
			City/State and Zip			
For further int	formation cor			innual repo	ort notification)	
ror turner in	iormation cor	ncerning this matter, plea				
Chr	istian Name of I	Rios	at (813	_) <u>817</u>	7 - 039 2 Daytime Telephone Number	
	Name of 1	ecison	Area Cou	t i	Daytine Perephone Number	
Enclosed is a	check for the	following amount:				
№ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Statu		ру	d) S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	us &
Reg Divi P.O.	ing Address: istration So ision of Co . Box 6327 ahassee, Fl	ection rporations	Re Di Th 24	vision one Centro 15 N. M	ess: on Section of Corporations e of Tallahassee flonroe Street, Suite 810 ee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Oasis boat &	SKI Rentals of Tampa Bay LLC
(Name of the Limite)	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number L210002486	ability Company were filed on 5/27/2021 and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE)	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registe</u> ss <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code

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.

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
CED	Christian Rios	5318 N Falkenburg Rd	□Add
		Tamps FL 33610	Remove
			□Change
CEU	John Rios	5318 N. Falkenburg Rd	□ Add
		Tampa FL 33610	Remove
			Change
Mar	Christian Reve Pres	Rate 5318 N. Falkenburg Rd	
		Tumpa FL 33610	国kemove
a A .			Dehange
Mgr	John Victor Rios) Ma	Sbe5318 N. Falkenburg Rd	\ Add
		Tampe FL 336/0	Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

							
							
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fective date, if oth	ner than the date	of filing: T	une 10	th 2021	(c	ptional)	
n effective date is listi	ed, the date must be sp	ecitic and canno	t be prior to date	of filing or mor	e than 90 days	after filing.) Pu	rsuant to 605.02
ote: If the date insecument's effective	rted in this block do	oes not meet th	e applicable st	atutory filing	requirements	, this date wil	I not be listed
cament's checuve	date on the Departi	nem of state s	records.				
		_					
ecord specifies a de is filed.	layed effective date	, but not an eff	ective time, at	12:01 a.m. or	the earlier o	t: (b) The 9	Oth day after th
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acd June 1	0	·					
				•			
		/ //	_ ~				
	Signa	iture of a membe	r or authorized	representative o	f a member	·	