4/28/22, 10:15 AM

Division of Corporations

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COVER LETTER

	on Section f Corporations		
	MI ELITE WATERSPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub-	mitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
	<u> </u>	Address	·
	Glendale, CA 91203		
		City/State and Zip Code	
	Yourlipcare@gmail.com	to be used for luture annual report notif	Contract
D 6 4 1 6			incanony
For further informa	tion concerning this matter, please of		
Cheyenne Moscley		800 773-0888 at ()	
,	iame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	c for the following amount:		
□ \$25,00 Filing F	Fee S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Į.	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COUR! Registration Section Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LegalZoom.com, Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI ELITE WATERSPORT LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000323849	were filed on <u>07/15/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or the al	bbreviation FL.C."
Enter new principal offices address, if applicable:		APR 2
(Principal office address MUST BE A STREET ADDRESS)		8 LEO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido sircei address	
	, Florida	
	Cny	Zıp Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered 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:

MGR = Manager

To: +18506176383,

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MILES, MICHAEL	1065 SW 8TH ST, APT #2	
		MIAMI, FL 33130	■ Remove
AMBR	Ryan G. Taylor	1065 SW 8TH ST, APT #2	■ Add
		MIAMI, FL 33130	Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
		<u> </u>	☐ Remove
			□ Chance

+18506176383	Page: 6 of 6	2022-04-28 08:16:46 PDT	LegalZoom.com, Inc	From: Sylvia Paul
D. If amer	nding any other information, ente	r change(s) here: (Attach addition	nal sheets, if necessary.)	
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(If an effe Note:	we date, if other than the date of firetive date is listed, the date must be specific if the date inserted in this block does nent's effective date on the Department	and cannot be prior to date of filing or most meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to requirements, this date will not be	o 605.0207 (3)(b) listed as the
	ord specifies a delayed effectiv 90th day after the record is fil		me, at 12:01 a.m. on the e	arlier of:
Dated	4/18/22			
Buteu _				
	Signaturo	of a member or authorized representative	of a member	_
	Naquan Robinson			_
		Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00