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## COVER LETTER

TO:

TO: Registration Se Division of Cor			
Central Flo	rida Scuba Adventures I LC		
SUBJECT:	Name of Lim	ited I jability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	habrizio Lengua		
		Name of Person	
	ZenBusiness INC.		
	······································	Lirin Company	
	5511 Parkerest Dr. Suite 1	03	
		Address	<del></del>
	Austin, IX 78731		
		City State and Zip Code	······································
	fullilliment@zenbusiness.co		
	I -mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	
Fabrizio Lengua		512 237.7349	
Name o	f Person	Area Code Day)	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	Ti \$30.00 Filing Fee & Certificate of Status	23 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy 13 enclosed)
<u>Mailing Addres</u> Registration 9		Street Address: Registration S	Section
Division of C		Division of C	
P.O. Box 632	.7	The Centre of	`Tallahassee
Tallahassee, l	HL 32314	2415 N. Mon	roe Street, Suite 810

Fallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our resERRETARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 2022-02-18 and assigned Florida document number <u>1.22000080725</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CF Scuba Adventures LLC The new name must be distinguishable and contain the words "I imited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### New Registered Agent's Signature, if changing Registered Agent:

Central Florida Scuba Adventures LLC

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 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 AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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