## LZZ 000122712

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DIVISION OF CORPORATIONS

T. MATTHEWS

MAY - 3 2022

## COVER LETTER

TO: Registration Secti Division of Corpo			•
SUBJECT: Bq	Riders Name of Limite	Water Sports ed Liability Company	S LLC
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	- Khar Bay	Name of Person  Riders Water	n Sports LLC
	5448	Bay Water Di	<u>C</u>
	Tamp  Khar  E-mail address: (to	City/State and Zip Code  OE D9 @ G-Ma; L be used for future annual report notificat	-1 COM
For further information cond	cerning this matter, please call	l:	
Name of Pe	Embery SR, erson	at ( <u>256)</u> <u>509-6</u> Area Code Daytime Te	414 lephone Number
Enclosed is a check for the t	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED SECRETARY OF STATE SIVISION OF CORPORATIONS

22 APR 13 PM 3= 26

The Articles of Organization for this Limited Liability Company were filed on 3/10/2022Florida document number 6 22000122712 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_\_\_, Florida \_

## 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
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an effective date is listed	I, the date must be specific ted in this block does n	and cannot be prior to		ian 90 days after tilin	) Pursuant to 605,0207
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