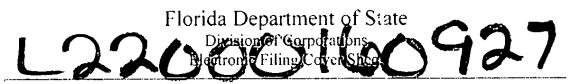
LegalZoom.com, Inc.



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Registration Section **Division of Corporations**

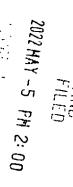
COVER LETTER

DW SAILIP SUBJECT:	NG ADVENTURES LLC	
30bJr.C1	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	indence concerning this matter to the following:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm/Company	
	101 N Brand Blvd 11th FI	
	Address	
	Glendale, CA 91203	
	City/State and Zip Code	
	Vento423@gmail.com	
	E-mail address: (to be used for future annual report no diffication)	
For further information co	oncerning this matter, please call:	
Cheyenne Moseley	800 773-0888 at ()	
Name of		
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$60.00 Filing Fee &	of Status & opy

MAILING ADDRESS:

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

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 mailing address.	DW SAILING ADVENTURES LLC			£		
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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Name of the Limited Linbility Com (A Florida Limite	pany as it now appears of Liability Company)	on our records.)		_	
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 "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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000160927</u> .	ny were filed on 04/0	4/2022	and	l assigr	ned
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Enter Florida street address, Florida	registered agent and/or the new registered office address he		our records, <u>ente</u>	r the na	me of	the ne
Enter Florida street address , Florida						
	New Registered Office Address:	Enter Florid	a street oddress	·		
			, Florida _			
		City		Zip C	ode	
	I hereby accept the appointment as registered agent and a	aree to act in this ca	maciu I further a	aree in c	omnlv	with th

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	Address	Type of Action
MGR	WILHELMSEN, CANDICE E	10441 SW 76TH ST. MIAMI, FL 33173	■ Add
			□ Remove
		·	Change
			Add
			Remove
	i i i i i i i i i i i i i i i i i i i		Change
			Add
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		<u> </u>	Remove
		Manager Value Valu	□ Change
	<u></u>		Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change

D. If amending a	ny other information, en	nter change(s) here: (Attach addit	ionai sneets, ij necessary.j	
				
				
				
				
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Typed or printed name of signee

Signature of a member or authorized representative of a member

Roberto Dugarte