L22000161228

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u></u>		

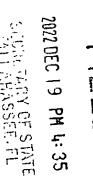
Office Use Only



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COVER LETTER

TO: Registration So Division of Co			
subject: <u>S}, J</u>	ohns Water Spo	rt Rentals LLC	·
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Jeremy -	Lrizarry Name of Person	
		Firm/Company	
	100 Nunna r	ock trail Address	
	St. Augustine, FL	32092 City/State and Zip Code	
	J-Trizury 08076 E-myll address: 7	City/State and Zip Code Omail.Com to be used for future annual report notif	leation)
For further information c	oncerning this matter, please ca		
Jeremy Ir	12arry f Person	at (904) (601 - 6 Area Code Daytime	336 Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\infty\$ \$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

St. John's Water Sport Rentals

(Name of the Limited Hability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $04/04/2022$ and assigned for document number $L22000161228$
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
St. John's Watersports LLC
the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbre
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> gent 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Circ

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

· Title	<u>Name</u>	Address	Type of Action
	- 		
			ZRemove
			□Add
			□Remove
			□Change
			□Remove
	. •		□Change
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			IChange

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F 66	tive date, if other than the date of filing: 14 Dec 2022 (optional)
ran er <u>Note:</u>	rective date is fished, the date must be specific and earnor be prior to date of fining or more than 90 days after filing.) Pursuant to 605.0207 i
n an ei <u>Note:</u> docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
Note: Mocun docun e recor	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.

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