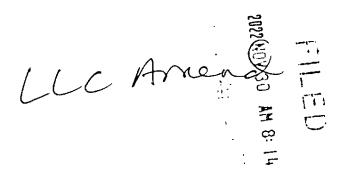
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(R	Requestor's Name)	<del></del>
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Α)	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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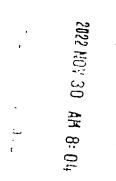
Office Use Only



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A. RAMSEY NOV 3 0 2022

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	er Spors LLC		
SUBJECT:	Name of Lim	ited Liability Company	
77	A double of Godo with	mitted for filing	
The enclosed Articles of	Amendment and fee(s) are sub	milled for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Daniel Exline		
		Name of Person	<u> </u>
	Fletch Water Sports LLC		
		Firm/Company	<del></del>
	216 Via Largo		
		Address	
	Santa Rosa Beach, FL 324	59	
		City/State and Zip Code	
	danexline@danexline.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Daniel Exline		850 687-7244 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ae fallawing amount:		
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee,
= 323.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 NOV 30 AM 8: 14

Fletch Water Sports LLC		· · · ·
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our mited Liability Company)	records.).
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{09/16/2022}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
··	Enter Florida stree	t address
		, Florida
	City	Zip Code

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

Title	Name	Address	Type of Action
MGR	Daniel Exline	216 Via Largo, Santa Rosa Beach FL 32459	<b>\equiv</b> Add
			□ Remove
			□Change
AMBR	Sharon Exline		🗆 Add
			□Remove
		216 Via Largo, Santa Rosa Beach Fl. 32459	≣ Change
AMBR	Jeffrey Harness	138 Via Largo, Santa Rosa Beach FL 32459	≣Add
			□Remove
			□Change
AMBR	Tamara Harness	138 Via Largo, Santa Rosa Beach FL 32459	<b>≣</b> Add
			□ Remove
			□Change
			🗀 Add
			□Remove
			[]Change
			□Add

Remove

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feetive date, if other than the date of filing:   11/10/2022 (optional)  in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  inc. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  eccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  12022  Signature of a member or authorized representative of a member			
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	4)m		
		Signature of a member or authorized representative of a member	
	Daniel Exline		
	· <del></del>	Typed or printed name of signee	

Filing Fee: \$25.00