

L22000404655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

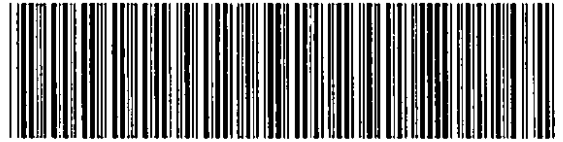
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09/01/23--010011--001 \*\*0011

FILED

2023 SEP - 1 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 SEP - 1 AM 7:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

SEP - 1 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fletch Water Sports LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Knapp

Name of Person

Firm/Company

355 East Shipwreck

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

30ayachtcharters@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Knapp

at ( 850 ) 517-0220

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

Fletch Water Sports LLC

2023 SEP -1 AM 8:38

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/16/2022 and assigned  
Florida document number 1.22000404655.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

355 E Shipwreck

**(Principal office address MUST BE A STREET ADDRESS)**

Santa Rosa Beach, FL 32459

**Enter new mailing address, if applicable:**

355 E Shipwreck

**(Mailing address MAY BE A POST OFFICE BOX)**

Santa Rosa Beach, FL 32459

**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:**

Michael Knapp

**New Registered Office Address:**

355 E Shipwreck

*Enter Florida street address*

Santa Rosa Beach, FL

Florida 32459

*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.*

*The registered by*

Michael Knapp

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Knapp	355 East Shipwreck	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Exline	216 Via Largo	<input type="checkbox"/> Add
		Santa Rosa Beach FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sharon Exline	216 Via Largo	<input type="checkbox"/> Add
		Santa Rosa Beach FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeffrey Harness	138 Via Largo	<input type="checkbox"/> Add
		Santa Rosa Beach FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tamara Harness	138 Via Largo	<input type="checkbox"/> Add
		Santa Rosa Beach FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** 08/17/2023 (optional)  
(If an 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 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 9/1 2023



Signature of a member or authorized representative of a member

Daniel Exline

Typed or printed name of signee

**Filing Fee: \$25.00**