

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L2300013125037733**

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000131250 3)))

RESUBMITTING THIS TO BE FILED. NO CONFIRMATION OF FILING EVER RECEIVED.



H230001312503ABCR

PLEASE HONOR ORIGINAL SUBMISSION DATE OF APRIL 7, 2023.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407)841-1200  
Fax Number : (407)423-1831

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: josh@go-paddle.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MALIKA RIVER CAPITAL HOLDINGS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

2023 APR - 7 PM 4:46

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION(((H23000131250 3)))  
OF**

MALIKA RIVER CAPITAL HOLDINGS, LLC

(Name of the Limited Liability 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 March 24, 2023 and assigned Florida document number 1.23000137733.

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:

(Principal office address MUST BE A STREET ADDRESS)

7025 CR 46A

Suite 1071, #440

Lake Mary, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7025 CR 46A

Suite 1071, #440

Lake Mary, FL 32746

**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:

420 S. Orange Avenue, Suite 700

*Enter Florida street address*

Orlando

*City*

Florida

32801

*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 Changing Registered Agent, Signature of New Registered Agent

(((H23000131250 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H23000131250 3)))

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|----------------------------|---------------------|--|
| MGR          | Malika River Holdings, LLC | 7025 CR 46A         | <input type="checkbox"/> Add               |
|              |                            | Suite 1071, #440    | <input type="checkbox"/> Remove            |
|              |                            | Lake Mary, FL 32746 | <input checked="" type="checkbox"/> Change |
|              |                            |                     | <input type="checkbox"/> Add               |
|              |                            |                     | <input type="checkbox"/> Remove            |
|              |                            |                     | <input type="checkbox"/> Change            |
|              |                            |                     | <input type="checkbox"/> Add               |
|              |                            |                     | <input type="checkbox"/> Remove            |
|              |                            |                     | <input type="checkbox"/> Change            |
|              |                            |                     | <input type="checkbox"/> Add               |
|              |                            |                     | <input type="checkbox"/> Remove            |
|              |                            |                     | <input type="checkbox"/> Change            |
|              |                            |                     | <input type="checkbox"/> Add               |
|              |                            |                     | <input type="checkbox"/> Remove            |
|              |                            |                     | <input type="checkbox"/> Change            |
|              |                            |                     | <input type="checkbox"/> Add               |
|              |                            |                     | <input type="checkbox"/> Remove            |
|              |                            |                     | <input type="checkbox"/> Change            |

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

N/A

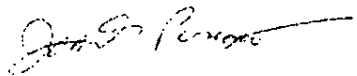
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 April 6, 2023

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Joseph M. Percopo, as authorized member-representative

\_\_\_\_\_  
Typed or printed name of signee

(((H23000131250 3)))

**Filing Fee: \$25.00**