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COVER LETTER

Division of Corporations	
SUBJECT: Alligator Reef Watersports 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:	
Jeffrey Wewzel Name of Person	
Firm/Company	
177 ADOBE CASA CT	
TAVERNIER FZ 33070 City/State and Zip Code	20131
FOM CHARTERS @ GMA, L. Com E-mail address: (to be used for future annual report notification)	183837-7
For further information concerning this matter, please call:	*****
Teffrey Wenzel at (813) 3688089 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	of Status &

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUIGATOR Reef (Name of the Limited Liability Cor	mpany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2300049062</u> 0	any were filed on Oct 26, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	·····
New Registered Office Address:	Enter Florida street address
	enter r toriao street adaress
	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, I hereby confirm that the limited liability company has been notified in writing of this change.

City

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

<u>Title</u>	Name	Address	Type of Action
MOR	NANCY DOWNHUE	1646 WOODROW AUE MAYFIELD HTS OH4412	Xadd
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			Change
			□Add
			□Remove
			□Change
			[] ∏Remove
			Change
			Dbb
			□Remove
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an effective date is listed, the da lote: If the date inserted in t	n the date of filing: te must be specific and cannot be his block does not meet the a the Department of State's rec	prior to date of filing or mor pplicable statutory filing	e than 90 days after filing.)	
record specifies a delayed ef is filed.	fective date, but not an effect:	ive time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
ated 11/2	206	93.		
	Signature of a member of	fauthorized tepresentative o	f a member	
	" //			

Filing Fee: \$25.00