

L23000550480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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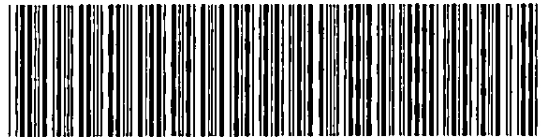
(Business Entity Name)

(Document Number)

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AP  
October 11  
2025

## COVER LETTER

TO: Registration Section  
Division of Corporations

**FILED**

SUBJECT: Melges Watersports Center LLC

Name of Limited Liability Company

~~7:05~~ AUG 12 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to the following:

Harry C. Melges III

Name of Person

Melges Watersports Center LLC

Firm/Company

PO Box 1

Address

Zendia, WI 53195

City/State and Zip Code

harry@melges.com

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

For further information concerning this matter, please call:

Donna Johnson

262

275-1110

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

AUG 12 PM 2: 05

Melges Watersports Center LLC

(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 12-13-23 and assigned  
Florida document number L23000550480.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

Enter Florida street 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 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

**FILED**

AUG 12 PM 2:06 Type of Action

<u>Title</u>	<u>Name</u>	<u>Address</u>	
MGR	HARRY C MELGES III	PO BOX 1, ZENDA, WI 53195	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDY BURDICK	PO BOX 1, ZENDA, WI 53195	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDWARD T COX	PO BOX 1, ZENDA, WI 53195	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MELGES BOAT WORKS, INC.	PO BOX 1, ZENDA, WI 53195	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MELGES BOAT WORKS, INC.	PO BOX 1, ZENDA, WI 53195	<input checked="" type="checkbox"/> Add
			<input 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.)

**FILED**

**2025 AUG 12 PM 2:06**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

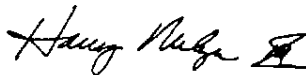
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 AUGUST 4 2025



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

Harry C. Melges III

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

**Filing Fee: \$25.00**

**MELGES**  
**FILED**

AUG 12 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FL

August 4, 2025

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:


Subject: Melges Watersports Center LLC

Please accept the attached Articles of Amendment being submitted for the purpose of changing the ownership of Melges Watersports Center LLC from three individual managers to one company as the sole manager and authorized member.

Please contact me if you have any questions. I can be reached at (262) 275-1110. If you can't reach me, you can also speak with Harry Melges at the same phone number.

Thank you.

Sincerely,



Donna Johnson  
Accountant