## L24 000 280 451

(Requestor's Name)
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## **COVER LETTER**

TO: Registration S Division of Co				
	LOW WATERSPORTS ADVE	NTURES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	, 1	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LEONARDO F. BRITO,	ESQ.		
Name of Person				
	BOGIN, MUNNS AND M	IUNN'S, PA		
		Fittn/Company	<del></del>	
	1000 LEGION PLACE, S	UITE 1000		
		Address		
	ORLANDO, FLORIDA 3	2801		
		City/State and Zip Code		
	LBRITO@BOGINMUNN	S.COM (to be used for future annual report no	Western	
For further information	concerning this matter, please c		нисацопу	
LEONARDO F. BRITO	)	407 578-1334		
Naine	of Person	at () Area Code Daytii	ne 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 Addra Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NORTHFLOW WATERSPORTS ADVENTURES, I		
(Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number L24000280451	were filed on 06/20/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new regis
Name of New Registered Agent:	<u>_</u> .	
New Registered Office Address:	Eurov Elovida etwas with ver	
	Enter Florida street address	<u> </u>
	Enter Florida street address, Flori Cuv	daZip Code

Thereby 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.

II 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>	Name	Address	Type of Action
MGR	SAW VENTURES, LLC	2230 AMPERE DRIVE	□Add
		LOUISVILLE, KENTUCKY 40299	≣Remove
			□Change
MGR	SUN SABER PROPERTIES II, LL	2230 AMPERE DRIVE	<b> </b>
		LOUISVILLE, KY 40299	
			UChange
			OAdd
			□Remove
			□Change
			□Add
			LiRemove
			(]Change
			□^dd
			□Remove
			∐Change
			🗆 Add
			□Remove
			( Change

	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
- IMPLEMENT		
	07/10/2024	
Note: If the date inserted in thi	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 s block does not meet the applicable statutory filing requirements, this date will not be listed e Department of State's records.	207 (3)(i l as the
If the record specifies a delayed efferecord is filed	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
Dated July 10,	2024	
J.	1.11	
<i>J</i> H-	Signature of a member or authorized representative of a member	
Scott Weis		
	Typed or printed name of signee	

Filing Fee: \$25.00