

L24000280451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Northflow Watersports Adventures, 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:

Leonardo Brito

Name of Person

Bogin Munns and Munns, PA

Firm/Company

1000 Legion Place, Suite 1000

Address

Orlando, FL 32801

City/State and Zip Code

lbrito@boginmunns.com

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

For further information concerning this matter, please call:

Leonardo Brito

407

578-1334

at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Northflow Watersports Adventures, 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 06/20/2024 and assigned
Florida document number L24000280451.

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 "LLC."

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:

Your Capital Connection, Inc.

New Registered Office Address:

417 E. Virginia Street, Ste 1

Enter Florida street address

Tallahassee

City

Florida 32301

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.

/s/

[Signature]
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>
MBR	Sun Saber Properties II, LLC	102 Elsie Drive	<input checked="" type="checkbox"/> Add
		East Palatka, FL 32131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Sun Saber Ventures, LLC	102 Elsie Drive	<input checked="" type="checkbox"/> Add
		East Palatka, FL 32131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Will Sorenson	102 Elsie Drive	<input type="checkbox"/> Add
		East Palatka, FL 32131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	Holly Green	2230 Ampere Drive	<input checked="" type="checkbox"/> Add
		Louisville, KY 40299	<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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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.

Dated 9/10 2024

Typed or printed name of signee