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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.ajsincfl.com

NAME OF ENTITY
PPTM Water Toys LLC
FOR OFFICE USE ONLY
PICK ONE:
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FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PPTM Wat	er Toys LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	FALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number 1.24000300879		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7928 West Dr.	
(Principal office address MUST BE A STREET ADDRESS)	608	
Enter new mailing address, if applicable:	North Bay Village, FL 33141	
	7928 West Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	608	
	North Bay Village, FL 33141	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter t</u> Enter Florida street address	
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and S.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Peter Medina	7928 West Dr.	Add
		608	□Remove
		North Bay Village, FL 33141	☐Change
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amending any other morning	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
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ffective date, if other than the an effective date is listed, the date multiple of the date inserted in this becomment's effective date on the I	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 60 block does not meet the applicable statutory filing requirements, this date will not be lis)5.0201 sted as
record specifies a delayed effecti Lis filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ated	2024	
	P 1/13	
	Signature of a member or authorized representative of a member	
	Peter Medina	
	Typed or printed name of signee	

Filing Fee: \$25.00