

L14000119827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

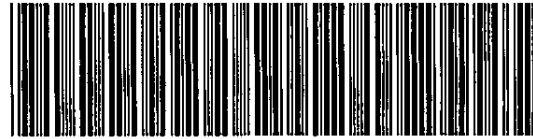
(Business Entity Name)

(Document Number)

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2017 JAN -9 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JAN 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2016

JEFF LOVE AFFLICTION AIRBOATS, LLC  
JEFF LOVE  
380 N STATE RD. 415  
OSTEEN, FL 32764

SUBJECT: JEFF LOVE AFFLICTION AIRBOATS, LLC  
Ref. Number: L14000119827

We have received your document for JEFF LOVE AFFLICTION AIRBOATS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 416A00027346

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jeff Love Affliction Airboats, 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:

Jeff Love  
Name of Person

Jeff Love Affliction Airboats, LLC  
Firm/Company

680 North State Rd. 415  
Address

Osteen, FL 32764  
City/State and Zip Code

Jameeosteen@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Love at (386) 279-3712  
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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Jeff Love Affliction Airboats, 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 Aug 2014 and assigned  
Florida document number 214000119827

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)**

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TALLAHASSEE, FLORIDA

**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*

*City*

**Florida**

*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

| <u>Title</u> | <u>Name</u>   | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|---------------|--------------------|--------------------------------------------|
| VP           | Jamee L. Lake | 3183 Maltby Dr.    | <input type="checkbox"/> Add               |
|              |               | Deltona, Fl. 32738 | <input checked="" type="checkbox"/> Remove |
|              |               |                    | <input type="checkbox"/> Change            |
|              |               |                    | <input type="checkbox"/> Add               |
|              |               |                    | <input type="checkbox"/> Remove            |
|              |               |                    | <input type="checkbox"/> Change            |
|              |               |                    | <input type="checkbox"/> Add               |
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TALLAHASSEE FLORIDA


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CLERK OF DISTRICT COURT  
STATE OF IDAHO  
FALLS LAKE

(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)

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 January 6, 2017.

  
Signature of a member or authorized representative of a member

Jeffrey S. Hove  
Typed or printed name of signee