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14 MAY - 2 PM 6:15
TALLAHASSEE, FLORIDA

8 MAY 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ohne Holdings 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:

William Koons

Name of Person

Ohne Holdings LLC

Firm/Company

10845 SW 188 ST

Address

Miami, FL 33157

City/State and Zip Code

WM@ohneholdings.com

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

For further information concerning this matter, please call:

William Koons

Name of Person

at (305) 283-6896

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2014

WILLIAM KOONS
10845 SW 188 ST
MIAMI, FL 33157

SUBJECT: OHNE HOLDINGS LLC
Ref. Number: L06000068379

We have received your document for OHNE HOLDINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 414A00010024

May 19, 2014

Florida Department of State

Division of Corporations

Regarding Dissolution of Koons Power Sports Inc.

On May 2, 2014 Articles of Dissolution were filed and accepted. The business is reforming as a LLC. Ohne Holdings LLC has owned most of the assets used by Koons Power Sports Inc. Owners of both are one in the same. Rather than form a new LLC, it was decided to change the name of Ohne Holdings LLC to Koons Powersports LLC. We have no intention of going back to the corporation form and are writing this letter to state we have no intention therefore of revoking the dissolution. Please allow and release this similar name for our use in this name change amendment.

We were unaware of the 120 day rule at the time of filing.

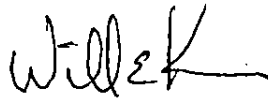
William Koons

10845 SW 188 St

Miami, Fl 33157

305-232-7701

bill@koonspowersports.com

A handwritten signature in black ink, appearing to read 'Will K', with a stylized flourish at the end.

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

Ohve Holdings 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 7/7/2006 and assigned
Florida document number LO60000683.79

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Koons Powersports LLC

The new name must be distinguishable and end with 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)

10845 SW 188 ST
MIAMI, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10845 SW 188 ST
MIAMI, FL 33157

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:

William Koons

New Registered Office Address:

21300 SW 183 AVE

Enter Florida street address

MIAMI

Florida

33187

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.

Will Koons

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
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 SEC. OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 5/10/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Apr. 1 30, 2014.

WdK

Signature of a member or authorized representative of a member

William Koons

Typed or printed name of signee

FILED
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FLORIDA DEPT OF STATE
TALLAHASSEE, FLORIDA