

L09000078041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

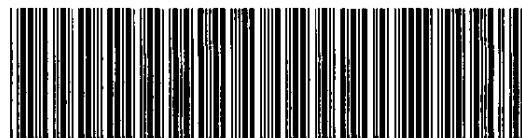
(Business Entity Name)

(Document Number)

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09/30/10--01007--012 \*\*25.00

J. SAULSBERRY  
EXAMINER

OCT 1 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POWERSPORTS OF PALM BEACH 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:

ALISON E. LOUDERMILK

Name of Person

POWERSPORTS OF PALM BEACH

Firm/Company

1446 10TH ST

Address

LAKE PARK FL 33403

City/State and Zip Code

POWERSPORTS1313@ATT.NET

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP 30 PM 12:05

FILED

For further information concerning this matter, please call:

AL

Name of Person

at ( 561 ) 531-9528

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**

POWERSPORTS OF PALM BEACH 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 8/09 and assigned  
Florida document number 18900078041.

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 end with 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)

1442 10 ST  
LAKE PARK FL, 33403

FILED  
2009 SEP 30 PM 12:05  
SECRETARY OF STATE  
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:

18271 94 PL N  
Enter Florida street address  
COXAHATONKE, Florida 33470  
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

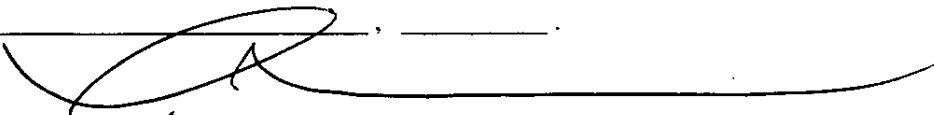
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	TERI LOUDERMILK	18271 44 PL N LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ALISON LOUDERMILK	1704 SILVER LANE DR CT PALM BEACH GARDENS FL, 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALISON LOUDERMILK	18271 44 PL N LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DAVID FAUTEUX	16858 89TH PL N LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

2010 SEP 30 PM 12:05  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 08101

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

ALISON LOUDERMILK

Typed or printed name of signee