

209000078041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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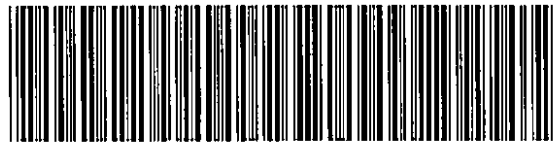
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N COOPER

AUG 20 2018

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:

ANTHONY J MOMMONE

Name of Person

POWERSPORTS OF PALM BEACH LLC

Firm/Company

1422 10TH STREET

Address

LAKE PARK, FL 33403

City/State and Zip Code

561powersports@gmail.com

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

For further information concerning this matter, please call:

Anthony J Mommone

561

844-2102

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

POWERSPORTS OF PALM BEACH, LLC

The Articles of Organization for this Limited Liability Company were filed on 08/13/2009 and assigned Florida document number L09000078041.

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

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

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Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

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>
AMBR	Tina R. Mommone	13632 77th PL N	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33412	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patricia Mommone	13632 77th Place N	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33412	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 August 10, 2018

Signature of a member or authorized representative of a member

Anthony J. Mommone

Typed or printed name of signee