LD9000001115

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| | legistration Se Division of Cor | | | | | |
|-------------|------------------------------------|--|---|---|--|--|
| eun ie ca | | TE INDUSTRIES LLC | | | | |
| SUBJEC | Name of Limited Liability Company | | | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please retu | ırn all correspo | indence concerning this matter | to the following: | | | |
| | | SCOTT E ITKIN | | | | |
| | | | Name of Person | | | |
| | | SOUTH FLORIDA TAX | | | | |
| | | | Firm/Company | · | | |
| | | 12401 ORANGE DRIVE | STE 222 | | | |
| | | | Address | | | |
| | | DAVIE, FL 33330 | | | | |
| | | | City/State and Zip Code | | | |
| | | SFTAX@AOL.COM | | | | |
| | - | | to be used for future annual report notif | fication) | | |
| For further | r information c | oncerning this matter, please ca | all: | | | |
| SCOTT E | ITKIN | | 954 458-2000 at (| | | |
| | Name o | f Person | at () Area Code Daytime | e Telephone Number | | |
| | | | | | | |
| Enclosed i | s a check for th | ne 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

| SURFSKATE INDUSTRIES LLC | | |
|--|---|--------------------|
| (Name of the Limited I | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabi Florida document number L09000097115 | lity Company were filed on OCTOBER 7, 2009 | and assigned |
| This amendment is submitted to amend the followi | ing: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| SwellTech SurfSkate, LLC | | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | 17 EG T |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| | | - 12 T |
| | | P T T |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, <u>enter t</u> e address here: | he name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | emer r tortaa street address | |
| - | Florida | Zin Code |
| | City | Ziv 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> | Address | Type of Action |
|--------------|-------------|---------|--|
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| . Effect | tive date, if other than the date of filing: (optional) | |
| Note: | Tective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records. | 15.0207 (3)(b) ted as the |
| f the re b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed. | ier of: |
| Dated | AUGUST 21 2017 | |
| | Signature of a member or authorized representative of a member | |
| | MICHAEL D NEWTON | |
| | Typed or printed name of signee | |

D.

Page 3 of 3

Filing Fee: \$25.00