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SECRETARY OF STATE ONS

T. HAMPTON
DEC 1 5 2010
EXAMINER

COVER LETTER

TO:;	Registration S Division of Co	ection rporations			
SUBJE	CT:	Soaked E	Enterprises, LLC		
		Name of Lim	ited Liability Company		
The enc	losed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
Molly Lang					
Name of Person					
Soaked Enterprises			aked Enterprises, LL0	3	
Firm/Company					
181			7 Navarre Sound Circ	ele	
			Address		
Navarre, FL 32566					
City/State and Zip Code molly@soakedsports.com E-mail address: (to be used for future annual report notification)					
			lly@soakedsports.cor	n	
				or nonneadon)	
For furt	her information of	concerning this matter, please o	ali:		(850)
		Molly Lang	at (850)	939-9096	225-7444 Cell
	Name o	of Person	Area Code &	Daytime Telephone Number	•
Enclose	d is a check for t	he following amount:			
₹2 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	te of Status &
MAILING ADDRESS: Registration Section		STREET/C Registration	COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILES SECRETARY OF STATE DIVISION OF CORPORATIONS

10 DEC 14 MIT 55

Soaked Enterprises, 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 and assigned
Florida document numberL10000097111
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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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

<u> Title</u>	Name	Address	Type of Action
MGRM	Stuart Cannon	1817 Navarre Sound Circle Navarre, FL 32566	✓ Add ☐ Remove
MGR_	Stuart Cannon	1817 Navarre Sound Circle Navarre, FL 32566	Add Remove
 .			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF SLATE OIVISION OF CORPERATION OF CORPE
Dated	December 6 , 201	<u>10</u> . 1	S IONS
•	Signature of a thember	of adthorized representative of a member	
-	Typed	Molly Lang	

Page 2 of 2

Filing Fee: \$25.00