

L1000009711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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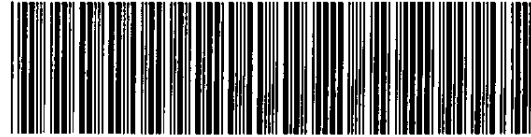
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Name of Limited Liability Company

Soaked Enterprises, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Molly Lang
Name of Person

Soaked Enterprises, LLC
Firm/Company

1817 Navarre Sand Circle
Address

Navarre, FL 32566
City/State and Zip Code

Molly@soakedsports.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart Cannon
Name of Person

at *(850) 396 8431*
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

FILED

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Soaked Enterprises LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 7, 2010 and assigned Florida document number L10600097111.

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)

1860 NW 114th Loop

Ocala, FL 34475

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Stuart Cannon

1860 NW 114th Loop

Ocala, FL 34475

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:

Stuart Cannon

New Registered Office Address:

1860 NW 114th Loop

Enter Florida street address

Ocala

City

Florida

34475

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.

Stuart Cannon
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Molly Lang	1817 Navarre Sound Circle Navarre, FL 32566	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	Stuart Cannon	1860 NW 114th Loop Ocala, FL 34475	<input checked="" type="checkbox"/> Add Existing mgrm <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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.)

Dated

Tuesday November 22, 2011

Signature of a member or authorized representative of a member

Stuart Cannon

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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