L11000089513

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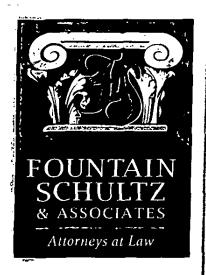
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11/30/15--01022--031 **25.00





KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

November 24, 2015

VIA REGULAR U.S. MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: SUP WHEELS LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization of SUP WHEELS LLC. Also enclosed is check #3022 in the amount of \$25.00 for filing the Articles of Organization.

Please return a filed copy to me in the enclosed pre- addressed, stamped envelope.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,

Fountain, Schaftz & Associates, P.L.

Kerry Anne Schultz, Esquire

KAS: cas

cc: Client

Enclosures

2045 FOUNTAIN PROFESSIONAL CT. SUITE A

NAVARRE, FLORIDA 32566

Tell: (850) 939-3535 Fax: (850) 939-3539

SANTA ROSA BEACH

Tel.: (850) 622-2700 Fax: (850) 622-2722

COVER LETTER

Registration Section

Division of Cor	rporations				
		P WHEELS LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	K	ERRY ANNE SCHULTZ, ESC	Q.		
	Name of Person				
	FOUNTAIN	N SCHULTZ & ASSOCIATES	S, P.L.		
		Firm/Company	.		
	2045 FOUNTA	AIN PROFESSIONAL COUR	Γ, SUITE A		
		Address			
	1	NAVARRE, FLORIDA 32566			
	KVSCH	City/State and Zip Code ULTZ@FOUNTAINLAW.CO	M		
		to be used for future annual report			
For further information	concerning this matter, please ca	all:			
KERRY ANNE SCHU	LTZ	850	939-3535		
Name	of Person	at () Area Code Da	ytime Telephone Number		
Enclosed is a check for t	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		Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle		

治安十

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 NOV 30 AM 11: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	P WHEELS LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	AUGUST 4, 2011	and assigned
Florida document number L11000089513	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		-	
		· <u>-</u>	
B. If amending the registered agent and/or regis		n our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office add	iress nere:		
Name of Name Davistand Accepts			
Name of New Registered Agent:			
New Registered Office Address:	E [1	orida street address	
	Enier Fio	riaa sireei aaaress	
	City	, Florida	Zip Code
	City		ыр Соае

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>	Name	Address		Type of Action
MGR	ALAN E. HUNTLEY	362 GULF BREEZE PKWY	SUITE 299	□ Add
		GULF BREEZE, FL 32561		■ Remove
				□ Change
MGR	ALAN EDWARD HUNTLEY	362 GULF BREEZE PKWY	SUITE 299	🖬 Add
	AND ANGELA KATHERINE HUNTLEY, AS CO-TRUSTEES OF THE HUNTLEY REVOCABLE	GULF BREEZE, FL 32561		□ Remove
	TRUST DATED NOVEMBER 23, 201	.5		Change
				☐ Remove
				Change
				Add
				Remove
				Change
				□ Remove
				Change
				🗆 Add
				□ Remove
				☐ Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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e rece	Continue data if athem then the date of filings	
(If ar No	cective date, if other than the date of filing:	05.0207 (3)(b) sted as the
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.	lier of:
Dat	ned November 23. 2015.	
	Signature of a rhember or authorized representative of a member	
	Alan Edward Huntler	
	Alan Edward Huntley Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00