

L11000138185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

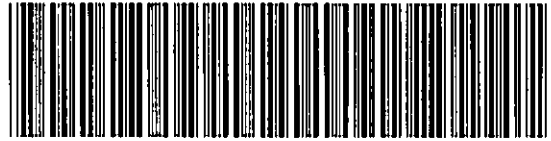
(Business Entity Name)

(Document Number)

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12/20/18--01010--007 **36.00

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CLERK OF STATE
CORPORATIONS
18 OCT 20 PM 2:38

Amend

DEC 20 2018

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELITE OUTBOARD SERVICE 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:

MIKE LYNE
Name of Person

ELITE OUTBOARD SERVICE LLC
Firm/Company

171 NAUTILUS DRIVE
Address

ISLAMORADA, FL 33036
City/State and Zip Code

ELITEOUTBOARDSERVICE @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE LYNE at (305) 619-3774
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
MAR 20 2008
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELITE OUTBOARD SERVICE 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 12/07/2011 and assigned Florida document number L11000138185.

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 contain 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)

913 66TH STREET

MARATHON, FL

33050

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

913 66TH STREET

MARATHON, FL

33050

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:

MICHAEL WILLIAM LYNE III

New Registered Office Address:

913 66TH STREET,

Enter Florida street address

MARATHON

City

, Florida

33050

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL WILLIAM LYNE III	913 66TH ST.	<input checked="" type="checkbox"/> Add
		MARATHON, FL 33050	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL WILLIAM LYNE II	171 NAUTILUS DR.	<input type="checkbox"/> Add
		ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ASSISTANT MANAGER	MICHAEL WILLIAM LYNE III	171 NAUTILUS DR.	<input type="checkbox"/> Add
		ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

MICHAEL WILLIAM LYNE II
Typed or printed name of signee