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| Special Instructions to Filing Officer: |
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JH BARRIS

COVER LETTER

| Divi | sion of Cor | porations | | | |
|---------------------------------------|-----------------------------|--|---|---|--|
| SUBJECT: | GODSPEE | D RIDES LLC | | | |
| SUBJECT | _ | Name of Lin | nited Liability Company | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | G. Matthew Brockway, Es | sq. | | |
| | | | Name of Person | | |
| | | lcard, Merrill, Cullis, Tim | m, Furen & Ginsburg, P.A. | | |
| Firm/Company | | | | | |
| | 2033 Main Street, Suite 600 | | | | |
| | | | Address | | |
| | | Sarasota, FL 34237 | | | |
| | | | City/State and Zip Code | | |
| | | mbrockway@icardmerrill.c | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | |
| For further in | formation co | oncerning this matter, please co | all: | | |
| G. Matthew I | Brockway, E | Esq. | 941 366-8100 | | |
| | Name of | Person | at () | Telephone Number | |
| Enclosed is a | check for th | e following amount: | | | |
| □ \$25.00 Fi | ling 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

TO:

Registration Section

Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2018

G MATTHEW BROCKWAY ICARD, MERRILL, CULLIS, TIMM, FUREN 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

SUBJECT: GODSPEED RIDES LLC

Ref. Number: L14000024417

We have received your document for GODSPEED RIDES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L17000261356.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 018A00000620

RECEIVED
JAN 29 2018

IIMICARD MERRILL

ATTORNEYS & COUNSELORS



January 24, 2018

VIA U.S. PRIORITY MAIL

G. Matthew Brockway

Board Certified Real Estate Attorney Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Our file: 71683-116621

2033 Main Street Suite 600 Sarasota, FL 34237 941,366,8100 Fax: 941,366,6384 mbrockway@icardmerrill.com

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Re:

icardmerrill.com

Dear Sir or Madam,

In response to Letter No. 018A00000620 (a copy of which is enclosed for convenience of reference), enclosed you will find an affidavit from GodSpeed-Off Road, LLC affirming that neither GodSpeed Off-Road, LLC, nor its Managers or Members, have any intent whatsoever to revoke the previously filed voluntary dissolution.

GODSPEED RIDES LLC: Affidavit in Support of Articles of Amendment

Do not hesitate to contact me if you have any questions or if you require anything further.

Sincerely,

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

G. Matthew Brockway-

GMB/br

Enclosures

AFFIDAVIT OF GODSPEED OFF-ROAD, LLC

STATE OF FLORIDA COUNTY OF SARASOTA

The undersigned, MARY L. PIERSON, being first duly sworn, deposes and says:

- 1. She is over the age of 21 and has personal knowledge of any and all matters set forth herein.
- 2. She was a Manager and Member of GodSpeed Off-Road, LLC, a Florida limited liability company (Doc. No. L17000261356), prior to its voluntary dissolution on or about January 2, 2018.
- 3. She has confirmed that neither GodSpeed Off-Road, LLC, nor any of its former Managers or Members, have any intent whatsoever to revoke the previously filed voluntary dissolution, and all of the foregoing have agreed to irrevocably consent to and release the name GodSpeed Off-Road, LLC for use by another entity.

FURTHER, AFFIANT SAYETH NAUGHT.

Dated: January 17, 2018.

By: Mary L. Pierson

Sworn to and subscribed before me this 17 day of January, 2018, by Mary L. Pierson. She is personally known to me, or produced as identification.

BRITTANY A. CONRAD-RINGLEVER
Commission # GG 046190
Expires November 9, 2020
Bonded Thru Troy Fain Insurance 800-385-7019

Notary Stamp

Signature of Notary

Print Name of Notary

My Commission Expires:

[THIS SPACE LEFT BLANK INTENTIONALLY]

[END OF AFFIDAVIT]

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GODSPEED RIDES LLC | |
|--|--|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | nany a <u>s it now appears on our records.</u>) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.14000024417}{1.1000024417}$. | y were filed on February 12, 2014 and assigned |
| | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lial | bility company here: |
| GODSPEED OFF-ROAD LLC | |
| he new name must be distinguishable and contain the words "Limited Liab | ility 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) | * 7 11 |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · |
| | 9.7 |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | rmer Pioriaa sireet aaaress |
| | , Florida |
| | Cuv ZiD 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | | an the date of late must be spec | f filing: | e prior to date of fili | ng or more than 90 c | _ (optional) lays after filing.) Purs | suant to 605 0201 |
| <u>ote:</u> li | te date, if other the ctive date is listed, the d f the date inserted in nt's effective date or | | | | ry filing requireme | ents, this date will | not be listed as |
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Filing Fee: \$25.00