L16000002130

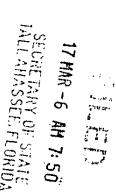
(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2017

KRISTI MONTONE 15822 REDINGTON DR REDINGTON BEACH, FL 33708

SUBJECT: S 8 L'LC

Ref. Number: L16000002130

We have received your document for S 8 LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

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Letter Number: 117A00004134

COVER LETTER

	ision of Cor			
SUBJECT:	S8, LLC			
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Kristi Marie Montone		
			Name of Person	
		S8, LLC		
			Firm/Company	
		15822 Redington Dr		
			Address	
		Redington Beach, FL 3370	08	
		Support@strongeight.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
Joshuah Mo	orris		813 760-2171	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	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

S8. LLC				
(Nume of the Limite	d Liability Compa A Florida Limited	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liz Florida document number 1.16000002130	ability Company	were filed on January	4th. 2016	_ and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ble:	15822 Redington Dr		产品 七
(Principal office address MUST BE A STREET	"ADDRESS)	Redington Beach, Fl.	33708	<u> </u>
				25 R
Enter new mailing address, if applicable:		15822 Redington Dr		SET OF THE
(Mailing address MAY BE A POST OFFICE E	BOX)	Redington Beach, Fl.	33708	5º 7 1
	· ···········			50 100
B. If amending the registered agent and/or the new registered off Name of New Registered Agent:		<u>e</u> :	records, enter th	e name of the new
Name of New Registered Agent;				
New Registered Office Address:	300 Municipal	Dr Enter Florida str		
	Madeira Beach			v
	wancita Deach	City	, Florida <u>3370</u>	Zip Code
		20.,		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Joshuah Morris	15288 Redington Dr.	id Add
		Redington Beach, FI 33708	☐ Remove
			Change
			Add
			☐ Remove
	·		Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change

	r of Performance and an Authorized Manag	
		,
		25E 17
- Antonio Grando Inc.		TARE T
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		<u> </u>
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		Sm 0.
fective date, if other than the neffective date is listed, the date muster. If the date inserted in this blocument's effective date on the Di	t be specific and cannot be prior to date of filing or ook does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to 605.0 fling requirements, this date will not be listed
record specifies a delayed	l effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earlier
The 90th day after the rec		
The 90th day after the rec	2017	
The 90th day after the rec	2017 Signature of a member or authorized representat	

Page 3 of 3

Filing Fee: \$25.00