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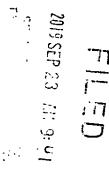
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V SULKER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Strike Gear, 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:			
Louis C. Wellen Name of Person			
Strike Gear LLC D/B/A/ Torch Eyewcar			
1330 Palmetto Avenue			
Winter Park, FL 32789			
Louis torcheyewear, com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Edward Scott O'Hara at (954) 774-8533 Name of Person at (954) Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (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

STRIKE (Name of the Limited L	Jability Company as it now appears on our records.) Torida Limited Liability Company)
	lity Company were filed on 04/01/2016 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	
	7. S. 19
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	<u></u>
	Enter Florida street address -
_	, Florida
	City 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 **Title** Name **Address Type of Action** Losi D. Vellen 1908 Applegate Cove DAdd Casselberry, FL 32707 KRemove _□ Change MGR Edward S. O'Hera 2381 Pirebrook Court Ovieds, FL 32766 ☐ Change □ Add □ Remove _ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove _ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
		
		
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E. Effective date, if other than the date of filing:	al) ng.) Pursuant to 605.0207 (3); ite will not be listed as the	
If the record specifies a delayed effective date, but not an effective time, at $12:01 \text{ a.m}$ (b) The 90th day after the record is filed.	1. on the earlier of:	
Dated September 19 2019		
Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00