

L1L 0000 81283

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

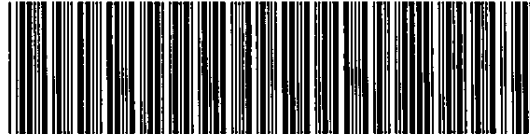
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TALLAHASSEE, FLORIDA
16 JUL 27 PM 1:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2016

TRACEY SEBERG
8685 PINE CAY
WEST PALM BEACH, FL 33411

SUBJECT: STORM EVOLUTION ALLSTARS, LLC
Ref. Number: L16000081283

2016 AUG 19 PM 1:12
TALLAHASSEE, FLORIDA

We have received your document for STORM EVOLUTION ALLSTARS, 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):

Your document is being returned as requested.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 216A00015872

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STORM EVOLUTION ALLSTARS, 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:

TRACEY SEBERG
Name of Person

STORM EVOLUTION ALLSTARS, LLC
Firm/Company

1/0 8685 PINE CAY
Address

WEST PALM BEACH, FL 33411
City/State and Zip Code

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

For further information concerning this matter, please call:

TRACEY SEBERG at (561) 723.2877
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for 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

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

STORM EVOLUTION ALLSTARS, 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 APRIL 25, 2016 and assigned Florida document number L16000081283

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)

140 PRIVATE PLACE
WEST PALM BEACH, FL
33413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

140 PRIVATE PLACE
WEST PALM BEACH, FL
33413

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

_____, Florida

Zip Code

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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	NICKI ROSE SPEARS	1525 CHAPPAREL WAY	<input type="checkbox"/> Add
	90 8685 PINE CAY (OR)	1525 CHAPPAREL WAY WELLINGTON, FL	<input checked="" type="checkbox"/> Remove
	WEST PALM BEACH,	33414	<input type="checkbox"/> Change
	FL 33411		
MGR	JOHN MANERA	140 PRIVATE PLACE	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL	<input type="checkbox"/> Remove
		33413	<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

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated _____

Tracey Seberg

Signature of a member or authorized representative of a member

TRACEY SEBERG

Typed or printed name of signer