

L116000 120396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

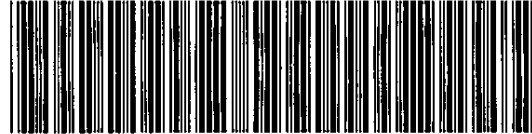
(Business Entity Name)

(Document Number)

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16 AUG -1 PM 4:07  
HALL COUNTY OF FLORIDA  
TALLAHASSEE, FLORIDA

AUG 03 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 AUG -1 PM 1:55

TALLAHASSEE, FLORIDA

July 20, 2016

MARK HOLLANDER  
777 BRICKELL AVE STE 950  
MIAMI, FL 33131 US

SUBJECT: JET SURF FACTORY SHOP LLC  
Ref. Number: L16000120396

We have received your document for JET SURF FACTORY SHOP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SIGNATURE PAGE IS MISSING

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 416A00015206

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

JET SURF FACTORY SHOP 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 06/22/16 and assigned  
Florida document number L16000120396.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JETSURF FACTORY SHOP LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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*

*City*

*Florida*

*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>
MMBR	PETR VENCOVSKY	2318 NE 2ND AVE MIA FL33137	<input checked="" 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.)*

COLLEGE OF S.A.  
ALLHARSEL FLORIDA

ALL HASSEE, FLORIDA  
16 AUG -1 PM 4:07

E. Effective date, if other than the date of filing: 6-22-16 (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.

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

Dated 6-22 194

Signature of a member or authorized representative of a member

PETK VENCOVSKI  
Typed or printed name of signee

Typed or printed name of signee