



Office Use Only

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## COVER LETTER

Registration Section

TO:

Division of Cor	porations		
Storm Evol SUBJECT:	ution Allstars II. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John Manera		
		Name of Person	
		Firm/Companý	
	140.0	Time Company	
	140 Private Place		·····
		Address	
	West Palm Beach, FL 334	13	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
John Manera		561 891-3333	
Name of	Person	at () Area Code Daytim	e Telephone Number
			•
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy) is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		!	
Registra Division P.O. Be	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storm Evolution Allstars II, LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company v	vere filed on <u>08/17/16</u>	and assigned
Florida document number L16000154187		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 <u>8</u>
(Principal office address MUST BE A STREET ADDRESS)		
		SS <u>α</u> μ <del>σω</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		0. 70 F
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:  Name of New Registered Agent:		ls, enter the name of the ne
Name Barainen de Office A. I. berre		
New Registered Office Address:	Enter Florida street addre	rss
<u> </u>	F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, a ovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	<u> </u>	
If Chang	ing Registered Agent, Signature	of New Registered Agent

AGR = N	lanager Authorized Member		
<u> </u>	Name	Address	Type of Action
MGR	John Manera	140 Private Place WPB, FL 33413	
			Remove
			□ Change
MGR	Paige Manera	140 Private Place WPB FL 33413	■ Add
			Remove
			☐ Change
			☐ Remove
			Change
			Remove
		<u> </u>	Change
<del></del> .			Add 2017
			Remove S
			## 20
		<u> </u>	□ Remove

	200			
				<del></del>
the date of filing	:	date of filing or more than 90	(optional)	
s block does not m Department of St	icet the applicabl	le statutory filing requirer	ments, this date wi	ill not be listed as
	ate, but not a	an effective time, at	12:01 a.m. or	n the earlier of
<del>7</del>	<del>2017</del>			20 125
			<del></del>	# JU # JU
Signature of a m	nember or authoriz	red representative of a memb	per	)L 3
	Typed or printed a	name of signee		
	Types or printed i	i i i i i i i i i i i i i i i i i i i		<u> </u>
	Page 3	of 3		<b>20</b>
	record is filed.	Signature of a member or authorize	Signature of a member or authorized representative of a mem  Typed or printed name of signee  Page 3 of 3	Signature of a member or authorized representative of a member  Typed or printed name of signee