

L17000028270

(Requestor's Name)

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(Business Entity Name)

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D. SCOTT

JUL 7 2017

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Super Boat America, LLC

Signature \_\_\_\_\_

Requested by: Seth

07/6/17

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

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\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUPER BOAT AMERICA, 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:

Erica H. Sterling  
Name of Person

Spottswood, Spottswood, Spottswood & Sterling, PLLC  
Firm/Company

500 Fleming Street  
Address

Key West, FL 33040  
City/State and Zip Code

Erica@spottswoodlaw.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica H. Sterling at (305) 294-2450  
Name of Person Area Code Daytime Telephone Number

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

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

SUPER BOAT AMERICA, 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 2/7/17 and assigned  
Florida document number L17000028270.

This amendment is submitted to amend the following:

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

RACE WORLD OFFSHORE, 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:

1417 Pine Street, Key West, FL  
33040

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

1417 Pine Street, Key West, FL  
33040

**(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

\_\_\_\_\_, Florida

City

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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>                      |
|------------------|------------------------|---------------------------|--|
| <u>title mgr</u> | <u>Mark Rossi</u>      | <u>202 Duval St.</u>      | <input type="checkbox"/> Add               |
|                  |                        | <u>Key West, FL 33040</u> | <input checked="" type="checkbox"/> Remove |
|                  |                        |                           | <input type="checkbox"/> Change            |
| <u>title mgr</u> | <u>Shannon Falkner</u> | <u>1417 Pine St.</u>      | <input checked="" type="checkbox"/> Add    |
|                  |                        | <u>Key West, FL 33040</u> | <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            |
|                  |                        |                           | <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.)*

[illegible]

**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**

7/6/13

Signature of a member or authorized representative

Authorized Representative

Typed or printed name of signee

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