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## **COVER LETTER**

	gistration Sec rision of Corp			
SUBJECT:		me Airboats LLC		
SOBJECT.		Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-	-	
Please returr	n all correspoi	ndence concerning this matter  Nathan S. Mitchell	to the following:	
			Name of Person	
		S & M Xtreme Airboats Ll	.C	
			Firm/Company	
		607 South Market Ave Bay	: 19	
			Address	<del>~</del>
		Fort Pierce, FL 34982		
		-	City/State and Zip Code	
		smxtreme@yahoo.com	to be used for future annual report notific	option I
Ear further i	information w	oncerning this matter, please ca		SKOH)
Michelle Se		neering and matter, prease co	772 318-9931 at () Daytime 1	
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	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, Ft. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & M Xtreme Airboats LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000057875</u> .	were filed on 03/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	_
S & M Xtreme Outdoors, LLC		왕 <b></b>
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation " C."
Enter new principal offices address, if applicable:	607 South Market Avenue	ي
Principal office address MUST BE A STREET ADDRESS)	Bay 19&20	
	Fort Pierce, FL 34982	<u> </u>
Enter new mailing address, if applicable:	607 South Market Avenue	5 M 6 16 16 16 16 16 16 16 16 16 16 16 16 1
Mailing address MAY BE A POST OFFICE BOX)	Box 4	
	Fort Pierce, FL 34982	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the name of the new
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michelle L Severs	2728 S Brocksmith Road	Add
		Fort Pierce, Fl 34982	<b>■</b> Remove
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			Add
			☐ Remove
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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and cannot be pri- block does not meet the app	ior to date of filing or mo licable statutory filing	(optional) re than 90 days after filing requirements, this date	(d)(3) Pursuant to 605.0207
the record specifies a delay b) The 90th day after the r		not an effective tir	me, at 12:01 a.m.	on the earlier of:
Dated August 9	2017	//		
	·	1011	-//	
		thorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00