

L18000139680

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ST. JOHNS POWERSPORTS 2018, 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:

KATE MESIC, ESQUIRE

Name of Person

LAW OFFICES OF KATE MESIC, PA

Firm/Company

6550 ST. AUGUSTINE ROAD, SUITE 305

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

KATE@MESICLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATE MESIC

904 619-2510
at ()

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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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, P	ANDREW T. KENT	10315 BEACH BOULEVARD JACKSONVILLE, FL 32246	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mgr, VP	GREGORY J. LINGRIS	1305 WARBLER WAY MIDDLEBURG, FL 32068	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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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JACKSONVILLE, FLORIDA

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

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CLERK OF DISTRICT COURT
JANUARY 10, 2018

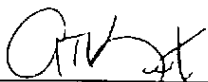
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 9, 2018



Signature of a member or authorized representative of a member

Andrew Kent, Manager
Typed or printed name of signer