118000139680

| (Requestor's Name) |
|--|
| |
| (Address) |
| |
| (Address) |
| (100.000) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Cooling Name of State of Stat |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

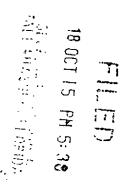
Office Use Only



100319455601

10/17/18--01048--027 **25.00

RECEIVED OCT 15 2013



OCT 2 6 2018
T SCHROEDER

COVER LETTER

| Division of Co | rporations | | |
|----------------------------|---|---|--|
| ST. JOHN SUBJECT: | S POWERSPORTS 2018. LLC | | |
| | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | KATE MESIC, ESQUIRE | Ξ | |
| | | Name of Person | - |
| | LAW OFFICES OF KAT | E MESIC, PA | |
| | | Firm/Company | |
| | 6550 ST. AUGUSTINE R | OAD, SUITE 305 | |
| | | Address | |
| | JACKSONVILLE, FL 322 | 217 | |
| | | City/State and Zip Code | |
| | KATE@MESICLAW.COM | | |
| | E-mail address: (| to be used for future annual report notific | cation) |
| For further information c | oncerning this matter, please or | all: | |
| KATE MESIC | | 904 619-2510 at () | |
| Name o | f Person | 904 619-2510 at () | Telephone Number |
| | | | |
| Enclosed is a check for th | e 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ST. JOHNS POWERSPORTS 2018, LLC | | |
|--|---|--------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our record ted Liability Company) | <u>ls.</u>) |
| ne Articles of Organization for this Limited Liability Company were filed on 06/05/2018 | | and assigned |
| lorida document number L18000139680 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited } | iability company here: | |
| ne new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC | " or the abbreviation "L.I.C." |
| nter new principal offices address, if applicable: | *** | |
| Principal office address MUST BE A STREET ADDRESS | | <u> </u> |
| | | . O |
| | | ¥ [] |
| nter new mailing address, if applicable: | | 第 章 (1) |
| failing address MAY BE A POST OFFICE BOX) | | Ø; 3 |
| | | •• |
| If amending the registered agent and/or registered gistered agent and/or the new registered office address h | office address on our records sere: | s, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres. | у |
| ·· | | orida |
| | 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> | <u>Address</u> | Type of Action |
|--------------|--------------------|---|----------------|
| Mgr, P | ANDREW T. KENT | 10315 BEACH BOULEVARD JACKSONVILLE, FL 32246 | Add |
| | | | □ Remove |
| | | | |
| Mgr VP | GREGORY J. LINGRIS | 1305 WARBLER WAY MIDDLEBURG, FL 32068 | Add |
| | | | □ Remove |
| | | | ■ Change |
| | | | Add |
| | | | Remove 7 |
| | | | C) Remove |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | . | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |

| | · | | | | | | | | |
|-------------------------------|---|------------------------|----------------|--------------------|---------------------------------------|---------------|------------------------------------|---------------|-------------|
| | | | | | | | | | |
| | | | | . | | <u> </u> | | | _ |
| | | . | | | | | | | |
| | | | | | | | | | |
| | · | | | - | | | | | |
| | | | | | | | _ | | |
| | | | | | | | | | |
| | <u> </u> | | | . | - | | | | - |
| | | | | <u> </u> | | | | | |
| | | | | | | | | | |
| | | | | | | | · | | _ |
| | | | | · - | | | · | | _ |
| | | | | | | | | | |
| | | | | • | · · · · · · · · · · · · · · · · · · · | _ | | | _ |
| | | | | | | | | | _ |
| | | | | _ | | | | 3 Q | |
| | | | | | | | <u></u> | | ' |
| | | | | _ | | | 77. | | -; |
| | | | | | | | <u> </u> | ΡŅ | _; ĭ |
| | | | | | | | — : — : | ن | |
| | | | | | | <u> </u> | - 3/ - | _ | |
| | | | | | | | <u> 7</u> ,3- | | |
| an effective date is I | other than the date | pecific and c | cannot be prio | r to date of filir | ng or more than | 90 days after | ional) er filing.) Purst | ant to 60 | 15.02 |
| ote: If the date if | nserted in this block dive date on the Depart | ioes not me | et the applic | cable statutor | y filing requi | rements, th | is date will n | ot be lis | ted a |
| record specif The 90th day | ies a delayed effort after the record | ective da is filed. | ite, but no | ot an effect | tive time, a | et 12:01 | a.m. on th | ne earli | ier (|
| ated Oct | ober 9 | <u> </u> | 2018 | · · | | | | | |
| | | L1/ | \vee | | | | | | |
| | | (V) | 1 | orized represer | | | | | |

Page 3 of 3

Filing Fee: \$25.00