<u>LÍ9000 231582</u>

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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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ALLYBY SEEL ELOCIOTARE SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
<i></i>		ORMANCE BOATS LLC		
SUB.	IECT:	Name of Lim	ited Liability Company	
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		ERIC BELISLE		
		FORRESTER HART BEL	Name of Person ISLE AND WHITAKER PL	
		1429 COLONIAL BLVD	Firm/Company SUITE 201	
		FORT MYERS, FL 33907	Address -1060	
			City/State and Zip Code	<u> </u>
		E-mail address: (to be used for future annual report no	otification)
For fi	arther information c	oncerning this matter, please ca	all;	
ERIC	BELISLE		239 939-1188 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclo	osed is a check for th	ne following amount:		
■ S	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
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

STR PERFORMANCE BOATS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	<u>(S.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L19000231582	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
STR PROMOTIONS, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		STOCK 23 H
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the new
	•	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	E1.	orida
	, r n	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CED DEDECTMANCE DOATELLO

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

1 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	KERI BELISLE	1429 COLONIAL BLVD STE 201 FORT MYERS, FL 33907	∃ Add
			☐ Remove
			Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
			Add
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If an effective date <u>Note:</u> If the dat		nist be specific and block does not it	cannot be prior to neet the applical		ore than 90 days at	tional) der filing.) Pursuant to 6 his date will not be li	
	ecifies a delay ay after the re		ate, but not	an effective	ime, at 12:0:	a.m. on the ear	lier of:
Dated	10	-18	19	· /			
		-	19/				
		Signature of a r	nember or author	ized representative	of a member	····	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00