

M06000002536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

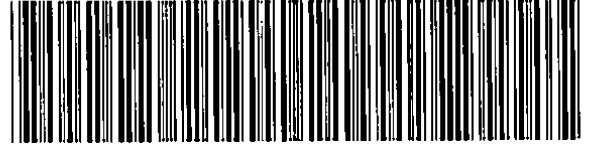
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT 26 AM 10:25

STATE OF FLORIDA

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ATTORNEY GENERAL

Y SULKER  
OCT 27 2021

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 10/26/21

**NAME:** COMET LEISURE PRODUCTS, LLC

**TYPE OF FILING:** AMENDMENT

**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*At Hodge*

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: COMET LEISURE PRODUCTS, LLC

Enter new principal office address, if applicable: 1767 Lakewood Ranch Boulevard, STE #113,

(Principal office address  
MUST BE A STREET ADDRESS) Bradenton, Florida 34211

Enter new mailing address, if applicable:  
(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M06000002536

3. Jurisdiction of its organization: WY

4. Date authorized to do business in Florida: 04/28/2006

**SECTION II (3-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 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.*

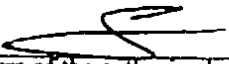
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR		Westport International Holdings, LLC	<input type="checkbox"/> Add
		PO BOX 4470, Lake Tahoe, NV 89449	<input checked="" type="checkbox"/> Remove
MGR	Craig Intelisano	1767 Lakewood Ranch Boulevard, STE #113,	<input checked="" type="checkbox"/> Add
		Bradenton, Florida 34211	<input type="checkbox"/> Remove
MGR	Jacqueline D. Weachock	1767 Lakewood Ranch Boulevard, STE #113,	<input checked="" type="checkbox"/> Add
		Bradenton, Florida 34211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Craig Intelisano, Manager

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**