

M23000005493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

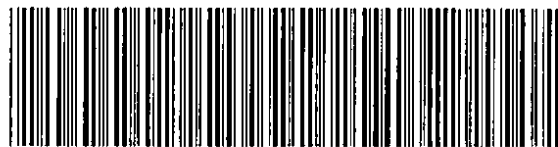
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CONFIDENTIAL - SECURITY INFORMATION

FILED
2023 JUN 12 PM 12:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loggerhead Sport L.L.C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Braica

Name of Person

Seven Kings Holdings, Inc.

Firm/Company

630 Maplewood Drive

Address

Jupiter FL 33458

City/State and Zip Code

Paul@SKHoldings.com

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

For further information concerning this matter, please call:

Paul Braica

Name of Person

at (561) 314 5811

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:



\$25 Filing Fee



\$30 Filing Fee &
Certificate of Status



\$55 Filing Fee &
Certified Copy



\$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: Loggerhead Sport L.L.C.

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

9 Bradshaw Lane
Drummond, MT 59832

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:

M23 000 005 493

3. Jurisdiction of its organization:

Montana

4. Date authorized to do business in Florida:

April 17 2023

SECTION II (5-9 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>
Manager	John C. Solomon, II	630 Maplewood Dr. Jupiter, FL 33458	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached in 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
jurisdiction under the law of which this entity is organized.

See attached

Paul Braica

Signature of the authorized representative

Paul Braica

Typed or printed name of signee

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 12 PM 12:14
FILED

Filing Fee: \$25.00



15725761



STATE OF MONTANA
SECRETARY OF STATE
AMENDMENT FOR DOMESTIC LIMITED LIABILITY COMPANY

FILING FEE: \$15.00

For Office Use Only
STATE OF MONTANA

-FILED-

SECRETARY OF STATE

File Number 15725761

Date Filed 8/2/2023 2 11:42 PM

Filing Fees & Processing Options	
Fees and Processing Options	24 Hour Processing - \$35.00 - Processed within 1 business day
Filing Effective Date	
The entity will be effective:	when filed with the Secretary of State
Entity Details	
The name of the business entity is: LOGGERHEAD SPORT L.L.C.	
Montana File Number: C141195	
Entity Type:	Domestic Limited Liability Company
Entity Subtype:	Limited Liability Company
Entity Status:	Active-Good Standing
Date the initial Articles of Organization were filed:	03/02/2005
Limited Liability Company Type	
Type of Limited Liability Company	Limited Liability Company (LLC)
Limited Liability Company Name	
Do you need to amend your entity name or provide name consent?	No
Entity name	LOGGERHEAD SPORT L.L.C.
Term	
Term Expiration	Perpetual / Ongoing
Business Purpose	
Purpose	REAL & PERSONAL PROPERTY
Business Mailing Address of Principal Office	
Address	P.O. BOX 7967 MISSOULA, MT 59807
Business Physical Address of Principal Office	
Address	124 W. PINE ST. MISSOULA, MT 59802
Other Amendments	
Other Amendment Details:	The sole member of the LLC is J.C. Solomon II.
The registered agent on record is:	

**Registered Agent****Bennett Law Of Granite County LLC
Commercial Registered Agent**

Agent Number

CRA0000044

Email Address

info@bennettlawofficepc.com

Website

Physical Address

9 BRADSHAW LANE
DRUMMOND, MT 59832

Mailing Address

PO BOX 7967
MISSOULA, MT 59807

Amend the appointed registered agent?

No, keep the current agent information listed above

LLC Management

LLC Managed By

Managers

Managers

Dissociated	Name Of Individual Or Business Entity	Business Mailing Address	Email Address
<input checked="" type="checkbox"/> + <input type="checkbox"/> Dissociated	BENNETT LAW OFFICE, PC Domestic Profit Corporation File Number D100838	PO BOX 7967 MISSOULA, MT 59807	info@bennettlawofficepc.com

Declarations

- ☒ I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.
- ☒ I have been authorized by the business entity to file this document online.
- ☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

SignatureAttorney in FactBennett Law Office, P.C.Thaddeus J. Brinkman

Signer's Capacity

On behalf of

Sign Here

06/02/2023

Date

Position

Member/Manager

Daytime Contact

Phone Number

(406) 543-5803

Email

brinkman@bennettlawofficepc.com