

L12000075996

(Requestor's Name)

(Address)

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CLERK OF STATE
TALLAHASSEE, FL 32399

J. SAULSBERRY
EXAMINER

FEB 27 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sports Technologies, 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:

William R. Johnson

Name of Person

Sports Technologies, LLC

Firm/Company

2946 Old Orchard Road

Address

Jacksonville, Florida 32257

City/State and Zip Code

rick@sportstechnologiesllc.com

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

For further information concerning this matter, please call:

William R. Johnson

Name of Person

904 351-6779

at ()

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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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sports Technologies, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 11, 2012 and assigned
Florida document number L12000075996.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

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TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gerald Merckel	4330 Tradewinds Dr.	☒ Add
		Jacksonville	☐ Remove
		Florida 32250	
MGRM	Pete Martinez	2365 NW 49th Lane	☒ Add
		Boca Raton	☐ Remove
		Florida 33431	
MGRM	David Hayes	1431 Riverplace Blvd.	☒ Add
		#1103	☐ Remove
		Jacksonville, Florida 32207	
MGRM	Ray Barrett	1031 Southwest 28th Street	☒ Add
		Fort Lauderdale	☐ Remove
		Florida 33315	
MGRM	Carrol Reilly	924 5th St.	☒ Add
		Neptune Beach	☐ Remove
		Florida 32266	
			☐ Add
			☐ Remove

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

Dated February 21, 2013, _____.

Signature of a member or authorized representative of a member

William R. Johnson

Typed or printed name of signee

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Filing Fee: \$25.00

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