

L13000034413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

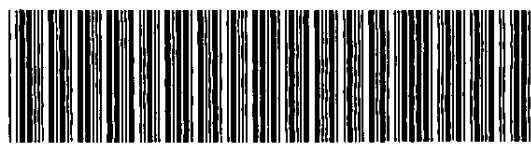
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Florida Sports Complex, 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:

Tracy Stein-Managing Member
Name of Person
Prestige Management Group, LLC
Firm/Company
3208 East Colonial Drive #283
Address
Orlando, FL 32803
City/State and Zip Code
tstein1964@aol.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Tracy Stein-Managing Member at **407 616-8859**
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Central Florida Sports Complex, 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 March 6, 2013 and assigned
Florida document number L13000034413.

This amendment is submitted to amend the following:

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

N/A

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)

3208 East Colonial Drive

#283

Orlando, FL 32803

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**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: Prestige Management Group, LLC

New Registered Office Address: 3208 East Colonial Drive #283

Enter Florida street address

Orlando, Florida 32803

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.*

Ray H. Manning, Member
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	Prestige Managment Group,LLC	3208 East Colonial Drive	<input checked="" type="checkbox"/> Add
		#283	<input type="checkbox"/> Remove
		Orlando,FL 32803	
Mgr	Joanne Taylor	133 Atlantic Drive	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Maitland,FL 32751	
Mgr	Jeremy Adams	3208 East Colonial Drive	<input checked="" type="checkbox"/> Add
		#283	<input type="checkbox"/> Remove
		Orlando,FL 32803	
MGRM	Aaron Phillips	133 Atlantic Drive	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Maitland,FL 32751	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

New Contact Phone# 407-616-8859

New Contact Email# tstein1964@aol.com

Dated Monday, March 11 , 2013

Tracy Stein, Managing Member

Signature of a member or authorized representative of a member

Tracy Stein-Managing Member

Typed or printed name of signee

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Filing Fee: \$25.00

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