

L05000026202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100183954741

08/12/10--01017--013 \*\*25.00

FILED  
10 AUG 12 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 13 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 10 GOAL HOLDINGS, 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:

W. LORD LYALL IV

Name of Person

10 GOAL HOLDINGS, LLC

Firm/Company

PO BOX 406

Address

OXFORD FL, 34484

City/State and Zip Code

LORDOFPOLO@MSN.COM

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

FILED  
10 AUG 12 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

W. LORD LYALL IV

Name of Person

at ( 352 )

406-9433

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**

**10 GOAL HOLDINGS, LLC**

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

FILED  
10 AUG 12 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/15/2005 and assigned  
Florida document number L05000026202.

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)**

**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>  |
|--------------|------------------|---------------------------------------|--|
| MEMBER       | MARVIN L SLOSMAN | PO BOX 5282<br>ASHVILLE, NC 28813     | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MEMBER       | MICHAEL J HARRIS | 9861 ERICA CT<br>BOCA RATON, FL 33496 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

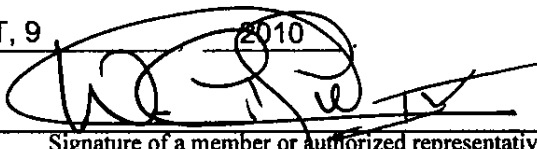
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
10 AUG 12 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

AUGUST, 9

2010



Signature of a member or authorized representative of a member

W. LORD LYALL IV

Typed or printed name of signee