

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000268469 3)))



H120002684693ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SNYDERBURN, RISHOI & SWANN

Account Number : I20070000142 Phone : (407)647-2005

Fax Number : (407)647-1522

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA SPORT & RECREATION NETWORK, L.L.C.

Certificate of Status	0
Certified Copy	
Page Count	03
Estimated Charge	\$55.00

A. LUNT

NOV 13 2012

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

P. 01

67:91 ZIOZ 6 AON

11/9/2012

SAYDERBURN RISHOI SWAN Fax:4076471522

H12000268469 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)		<del></del>
The Articles of Organization for this Limited Liability Company v Florida document number L05000019297	vere filed on <u>2/25/2005</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	<b>.</b>
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7. 2
(Principal office address MUST BE A STREET ADDRESS)		F8 72
		कार 🗗 🤠
		200
Enter new mailing address, if applicable:		700
(Mailing address MAY BE A POST OFFICE BOX)		
•		ZZ :
•	, .	S - S
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, <u>en</u>	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	1
	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

Page 1 of 2

H12000268469 3

H12000268469 3

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 = Ma MGRM = N	nager Ianaging Member		
Title	Name	Address	Type of Action
MGRM	Chuck Speros	1836 Highway 54 West	Add
		Fayetteville, GA 30214	Remove
MCRM	RSI Holdings, LLC	1836 Highway 54 West	
		Fayetteville, GA 30214	Remove
			_
			Add
			A Response
			T B SALE
			Remove O
			— Add
			Remove
<u></u>			Add
			Remove
			_

Page 2 of 2

H12000268469 3

۴

H12000268469 3

amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
November 9	2012
Challes ()	157
Signature	Of a member or authorized representative of a member
K. Michael Swann	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

H12000268469 3