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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P MAIL MAIL
	(Business Entity Name)
	(Document Number)
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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: SPORTS!	MAN'S PARK MARIN	A, LLC	
•	(Name of Lim	ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	JONATHON LEE		
		(Name of Person)	·· ·
		(Firm/Company)	
		• • •	
	14861 TWISTED TR		
		(Address)	
	PALM BEACH GAR	DENS EL 33418	
	TALMIDENOM	(City/State and Zip Code)	•
For further information cor	acerning this matter, please c	all:	
10111711011177			
JONATHON LEE (Name of	Person)	at (561) 355-8298 (Area Code & Daytime	Telephone Number)
(Ivano di	T GISON y	(And bode to Daynine	rotophono (tamoer)
Enclosed is a check for the	following amount:		
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy
			(additional copy is enclosed)
MAILIN	IG ADDRESS:	STREET/COURIER	R ADDRESS:
	ion Section	Registration Section	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	CIVA, LLC Liability Company as it now appears on of Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lia	ability Company were filed on MARCH	114, 2005 and assigned
Florida document number <u>L05000025553</u>	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," t	he designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered off		ecords, enter the name of the new
Name of New Registered Agent:	JONATHON LEE	
New Registered Office Address:	14861 TWISTED TREE TRAIL	
	(Enter F	lorida street address)
	PALM BEACH GARDENS	, Florida <u>33418</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered the provisions of all statutes relative to the pracept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has be	oper and complete performance of my tered agent as provided for in Chapter egistered office address, I hereby conf	duties, and I am familiar with and r 608, F.S. Or, if this document is firm that the limited liability
•		
•	(If Changing Registered Agent, Signature)	mature of New Resistered Albent)
		V 12 ASS
	Page 1 of 2	

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>	Address	Type of Ac	tion
MGR	MARC LEE	316 E. OCEAN AVENUE LANTANA, FL 33462	Add Remove	
MGRM_	JONATHON LEE	14861 TWISTED TREE TRAIL PALM BEACH GARDENS, FL 33418	✓ Add Remove	
			Add Remove	
			Add Remove	
	· .		Add Remove	
			AddRemove	
	ding any other information, ent ne Mailing Address of the L	er change(s) here: (Attach additional sheets, if necessary.) LC is hereby changed to:)	
	1861 TWISTED TREE TRA			
<u>P/</u>	ALM BEACH GARDENS, F	L 33418	<u> </u>	
_				
Dated MAY	′1	, 2008	2000 HAY 12 SECRETAR'	M
	Signature of JONATHON LEE	a member or authorized representative of a member	PM SEE, FL	m
	ONATHOR ELL	Typed or printed name of signee		O
		Page 2 of 2	の対力	

Filing Fee: \$25.00