L06000090170

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. PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

OCT 2 2.2010

EXAMINER

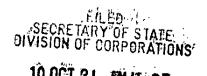
COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Central Florida Miracle League South Lake, LLC							
	Name of Limi	ited Liability Company					
The enclosed Articl	es of Amendment and fee(s) are sul	bmitted for filing.					
Please return all cor	respondence concerning this matter	to the following:					
		Kelly Puckett					
Name of Person							
Central Florida Miracle League, Inc.							
		Firm/Company					
		P.O. Box 664					
		Address					
	V	Vindermere, FL 34786					
	l	City/State and Zip Code					
	E-mail address: (ett@cflmiracleleague.com to be used for future annual report not	ification)				
For further informa	tion concerning this matter, please	call:					
	Katha Baalaatt	407	640,0000				
N	Kelly Puckett ame of Person	at (407) Area Code & Daytin	619-0280 ne Telephone Number				
Enclosed is a check	for the following amount:						
\$25.00 Filing Fe	ee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
R D P	fAILING ADDRESS: egistration Section division of Corporations O. Box 6327 allahassee, FL 32314	ction Registration Section porations Division of Corporations Clifton Building					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Central Florida Mir (Name of the Limited Liability (A Florida	acle League South Ly Company as it now appears Limited Liability Company)	ake, LLC on our records.	
The Articles of Organization for this Limited Liability (Florida document number L06000090170	Company were filed on	9/13/06	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	nited liability company here	:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compar	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street aa	dress
		, Florida _	
	City		Zin 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 **Type of Action Title Name** <u>Address</u> Central Clouda Minacle Ceague, Inc. MGR P.O. Box 664 ✓ Add Remove Windermere, FL 34786 Kelly Puckett MGR 9114 Galleon Drive ✓ Add Remove Orlando, FL 32819 ☐ Add Remove ☐ Add Remove \square Add Remove ∏Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member authorized representative of a member Kelly Puckett Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00