L06000119244

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

J. BRYAN

MAR 2 3 2009

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Elite Sports Co	insulting LLC.	∴ 93
	(Name of Limited	Liability Company)	OSMAR 20 AMII: 54 SECRETARY OF STATE TALLAHASSEE, FLORIT
The enclosed Articles	of Amendment and fee(s) are submit	ted for filing.	SSEE STEEL
Please return all corre	spondence concerning this matter to t	he following:	FELOWER STA
	Matth	(Name of Person)	RITE F
		(Name of Person)	
	Elite Spor	(Firm/Company)	LC_
	540	Brickell Key (Address)	Dr. re #1614
	Miami,	Floring 3 ity/State and Zip Code)	33/3/
	(C	ity/State and Zip Code)	
For further information	n concerning this matter, please call:		
Math	thew MsManus	at (786) 246-0	730 (Anytime)
(Nat	ne of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Elite Sports ConsultingLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 406000119244 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," 540 Brickell Key Drive #1614 Miami, Florida 33131 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 540 Brickell Key Drine # 1614 Miami, Florida 33131 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: Stacey Mc Manus

100 Edgewater Dr. 128

(Enter Florida street address)

Coerl Gables , Florida 33/33

(City) (Zip Code) Name of New Registered Agent: New Registered Office Address:

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 Slavy In peaning 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title ' <u>Address</u> **Type of Action** <u>Name</u> 3665 NW 35th Street _ Add Remove ____ Add Remove 🗂 Add Remove ☐ Add Remove Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) A SECRETARY OF STARE OF STA Signature of a member or authorized representative of a member Mathew Manus
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00