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SECRETARY OF STATE
ALL AHASSES

J. BRYAN

SEP 22 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	BREVARD T	EAM SPORTS, LLC	
Sobsect.		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	.,	<b>.</b>	<b>=</b> 0
		AYNE McCLANAHAN	SECI SECI
		Name of Person	AET O
			ARY
	BREV	BREVARD TEAM SPORTS, LLC	
		Firm/Company	09 SEP 21 PH 2: 14 SECRETARY OF STATE TALLAHASSEE, FLORIF
60		606 S.COCOA BLVD	器。
		Address	77
		COCOA, FL 32922	
		City/State and Zip Code	
		jaynemac@aol.com	
		to be used for future annual report notif	fication)
For further information	n concerning this matter, please	call:	
JAYN	NE McCLANAHAN	at ( 321 )	631-7737
Nam	e of Person		e Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURI Registration Section	
Division of Corporations		Division of Corpor	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BREVARD TEAM SPORTS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company were filed on	10/01/2009	and assigned
Florida document numberL070000493	376		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREET	T ADDRESS)		
	-M-P		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>	····-	
B. If amending the registered agent and/or registered agent and/or the new registered off	•	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Jayne Mc	Clanaha	M
New Registered Office Address:	6983 Aster	DR ter Florida street addi	ress
	Cococ	, Florida	32927 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 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 **Address** JAYNE McCLANAHAN MGRM 6983 ASTER DRIVE ✓ Add COCOA FL 32927 Remove **BRITTANY GARRETT** MGR 6983 ASTER DRIVE **✓** Add ☐ Remove COCOA FL 32927 CEO LOREN McCLANAHAN 178 NW CURTIS ST PORT ST. LUCIF FL 34983 MARY McCLANAHAN CFO 178 NW CURTIS ST Add Remove PORT ST.LUCIE, FL 34983 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member McClanahan
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00