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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 1 7 2008

EXAMINER

COVER LETTER

•
TO: Registration Section Division of Corporations
SUBJECT: Stingray Football, LL C (Name of Limited Liability Company)
Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jarrad Williams (Name of Person)
Stingray Football, UC
5100 S. Cleveland Ave Ste 318-373
Fort Myes, FL 33907 (City/State and Zip Code)
For further information concerning this matter, please call:
Sqrod William S at (318) 884-9303 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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 Liabi	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	10 07 and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v"L.L.C."	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	80 80
		20 5
		S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		P. 5 0
		## ## ## ## ## ## ## ## ## ## ## ## ##
	10.00.00.00.00.00.00.00.00.00.00.00.00.0	A 25
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	, Florida	
	(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 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>Ti</u>tle <u>Name</u> Address Type of Action MGRM Sammy Pellechio 1403 SE 5th Place 5100 S. Cleveland Ave Fort Myses, FL 33907 S100 S. Cleveland Ave Add For+ Myers, FL 33707 Remove Remove 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) . 2008 ignature of a member or authorized representative of a member Jacob Williams as CED
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00