

LD7000092010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

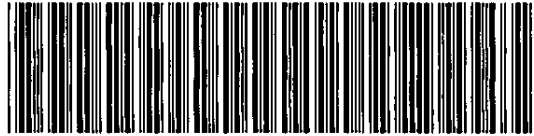
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 OCT 12 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sportsmans Paradise LLC
(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:

Christopher Goodrich
(Name of Person)

Sportsmans Paradise LLC
(Firm/Company)

29132 NE State rd 20
(Address)

Hosford FL. 32334
(City/State and Zip Code)

For further information concerning this matter, please call:

Tricia Goodrich at (850) 508 9566
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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
OF

Sportsmans Paradise

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10-12-07 and assigned document number LO700009200.

SECOND: This amendment is submitted to amend the following:

I would like to change the Name
of the L.L.C.

From: Sportsmans Paradise L.L.C.

To: Sportsmans Paradise LLC.

I would like to Delete Richard Smith
MGRM and I would like to add
Tricia Goodrich MGRM

Dated 10-12-07

C. Goodrich

Signature of a member or authorized representative of a member

Christopher Goodrich

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 12 AM 10:46

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