100110858

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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G. MCLEOD

MAY 2 3 2008

EXAMINER



500130063385

05/22/08--01038--014 **25.00

08 MAY 22 PM 2: 02

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Ba</u>	rclays Equit	Partners LLC ited Liability Company)	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return all correspo	ndence concerning this matter	to the following:	
	Mik	Le Barcla/ (Name of Person)	· .
•	Barclay	(Firm/Company)	iers LLC
	1145	Timber Trace (Address)	0
	Wesley C	City/State and Zip Code)	33543
For further information co	oncerning this matter, please ca	all:	
Mike K (Name o	f Person)	at (<u>813</u>) <u>2-93-51</u> (Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 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
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

ON MAY 22 PM
OB MAY 22 PM 2: 02
2:02

	Or	14 5:05	
(Name of the Limited Liability (A Florida	y Company as it now appears on or Limited Liability Company)		
	1	1	
The Articles of Organization for this Limited Liability	Company were filed on	<u>o</u> 7 and assigned	
Florida document number <u>L0700011085</u>	<u>8</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
Strictly Sports			
The new name must be distinguishable and end with the would "L.L.C."	ords "Limited Liability Company," th	e 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		cords, 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 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

Title .	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 .			Add Remove
			Add Remove
). If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			_
_			
Dated		R.L.	
	Signature of a member	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00