L08000011488

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SECRETARY OF STATE

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporation		r.	
SUBJECT: United		Sports Association Live, ted Liability Company	L.L.C.
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Tim Kirby Name of Person	
		Name of Person	
	<u> </u>	Kirby Properties, Inc	
		Firm/Company	
	3	302 Corinthian Place	
		Address	
		Destin, FL 32541	
		City/State and Zip Code	
-	E-mail address: (t	rbyconst@gmail.com o be used for future annual report notifica	tion)
For further information cond	cerning this matter, please c	all:	
Tir	m Kirby	at (850)2	59-1933
Name of Pe	erson	Area Code & Daytime	elephone Number
Enclosed is a check for the f	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



August 18, 2009

KIRBY PROPERTIES 302 CORNITHIAN PLACE DESTIN, FL 32541

SUBJECT: UNITED STATES SPECIALTY SPORTS ASSOCIATION LIVE, LLC

Ref. Number: L08000011488

We have received your document for UNITED STATES SPECIALTY SPORTS ASSOCIATION LIVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

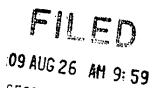
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 609A00027953

Neysa Culligan Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



United States Specialty Sports Association UAUCHA STATE
(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 Liability Company	were filed on0^	/31/2008 and as	ssigned
Florida document numberL08000011488			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Softball Kingd	om, L.L.C.		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," tl	e designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	302 Corinthian Pla	ice	
	Destin, FL 32541		
Enter new mailing address, if applicable:	302 Corinthian Pla	ce	
(Mailing address MAY BE A POST OFFICE BOX)	Destin, FL 32541		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
	, Florida		
	City	Zip Cod	1e

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 = Ma MGRM = N	nager Managing Member	,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		Add Remove
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			AddRemove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	
			09 AUG 26 I SECRETARY TALLIAHASSE
	8/24/09	<i></i> .	AH 9: 59 EL FLORIDA
	Signature of anyember	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00