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(Requestor's Name)				
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(Cit	ty/State/Zip/Phon	ne #)		
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Certified Copies	Certificate	s of Status		
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September 22, 2008

ALTON JEROME WALKER JR. 4511 N HIMES AVE 200 TAMPA, FL 33614

SUBJECT: FLORIDA SCORPIONS FOOTBALL CLUB, LLC

Ref. Number: L08000029058

We have received your document for FLORIDA SCORPIONS FOOTBALL CLUB, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6955.

Letter Number: 108A00051037

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. ROY 6327, Tallahasson, Florida 32314

## **COVER LETTER**

TO: Registration Section Division of Corporations
Division of Corporations
SUBJECT: FLORIDA SCORPIONS FOOTBALL CLUB 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:
ALTON JEROME WALKER JR. (Name of Person)  28 29 11
FLORIDA SCORPIONS FOOTBALL CLUB LLC (Firm/Company)  4511 #200
4511 N. HIMES, AVE #200 (Address)
TAMPA, FL. 33614 (City/State and Zip Code)
For further information concerning this matter, please call:
ALTON WALKER at (813) 449-4335 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(F	A Fiorida Emilico E	haomity Compa	my)			
The Articles of Organization for this Limited L	iability Company	were filed on	MARCI	4 20, 20 <u>0</u>	and ass	igned
Florida document number <u>L08000029058</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name o	f the limited liab	ility company	<u>y here</u> :		PH 4 09	O
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Co	ompany,"	the designation '	'LLC" or the a	bbreviation
Enter new principal offices address, if applicable:		FLORIDA SCORPIONS FOOTBALL				
(Principal office address MUST BE A STREET ADDRESS)		CLUB LLC.				
		-				
Enter new mailing address, if applicable:		4511 N. HIMES, AVE. SUITE#200				
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL. 33618				
						<del></del>
B. If amending the registered agent and/ registered agent and/or the new registered of			on our n	records, <u>enter</u>	the name o	f the new
Name of New Registered Agent:	DAVID	GREEN			·····	
New Registered Office Address:	4511 N.	HIMES	AVE.	SUITE#	-200	
			(Enter F	Florida street a	ddress)	
	TAMPA	(City)		, Florida	<u>33७ १५</u> (Zip Cod	<u>'e)</u>
New Registered Agent's Signature, if changing						
I hereby accept the appointment as registere						

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGR_	ALTON J. WALKER	4511 N. HIMES, AVE. #200 TAMPA, FL. 33614	_☑ Add □ Remove				
MGRM	DAVID GREEN	4511 N. HIMES, AUE. #200 TAMPA, FL. 33614	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
<del></del>			Add Remove				
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	08 SEP 29 PN 4: 09				
Dated	eson Vaux	r or authorized representative of a member					
	ALTON WALKER Typed						

Page 2 of 2

Filing Fee: \$25.00