

# L08000045686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

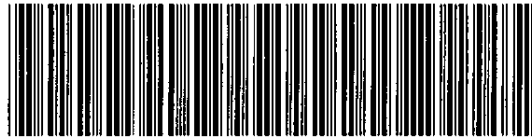
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400160172004

09/17/09--01004--001 \*\*25.00

2009 SEP 17 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

SEP 18 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATHLETIC X ALENCE, 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:

ROODY EXANTUS

Name of Person

REMOVING ME PLEASE

Firm/Company

1050 BLACKWOOD ST

Address

ALTAMONTE SPRINGS FL 32701

City/State and Zip Code

rexantus2000@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROODY EXANTUS

Name of Person

at ( 407 )

341-6088

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED

2009 SEP 17 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ATHLETIC X ALENCE, LLC

(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 on 05/05/2008 and assigned  
Florida document number L08000045686.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO NAME AMENDMENT

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(SAME ADDRESS AS CURRENT)

(Principal office address MUST BE A STREET ADDRESS)

263 PALM PARK CIR APT 201

LONGWOOD FL 32779

Enter new mailing address, if applicable:

(SAME ADDRESS AS CURRENT)

(Mailing address MAY BE A POST OFFICE BOX)

263 PALM PARK CIR APT 201

LONGWOOD FL 32779

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RYAN MARSHALL

New Registered Office Address:

263 PALM PARK CIR APT 201

*Enter Florida street address*

LONGWOOD

, Florida

32779

*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.*

*[Signature]*  
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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROODY EXANTUS	1050 BLACKWOOD ST ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

REMOVE ME AS REGISTERED AGENT PLEASE

ALSO PER ABOVE NOTATIONS ON PAGE 1 OF 2

Dated

09/11

2009



Signature of a member or authorized representative of a member

ROODY EXANTUS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2009 SEP 17 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED