L08000000884

(Requestor's Name)				
(Address)				
(Address)				
(idaless)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
1 10/03				
(Business Entity Name)				
· ·				
(Document Number)				
•				
Certified Copies Certificates of Status				
·				
Special Instructions to Filing Officer:				
·				

Office Use Only



300134635563

08/21/08--01014--008 **30.00

08 AUG 21 AN 9-44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Half-Time Pro Snop 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:
rease return an correspondence concerning this matter to the following.
Johnny P. Mikulka Jr (Name of Person)
Half-Time Pro Shop LLC (Firm/Company)
600 Ribault Ave Apt A
Daytona Beach FL 32118 (City/State and Zip Code)
For further information concerning this matter, please call:
Johnny P Mikulka Jr at (517) 410 - 1642 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Half-Time Pro Shop, LLC DBA Hockey Town Pro Shop 2400 South Ridgewood Avenue

South Daytona, Florida 32119 (386)322-4848



August 13, 2008

To Whom It May Concern:

My name is Johnny P. Mikulka, Jr. I am the Manager for Half-Time Pro Shop, LLC. Enclosed is an amendment for my LLC.

If you have any questions, please call me at (517)410-1642.

Thank you very much.

Sincerely,

Johnny P^L Mikulka, Jr

TOO THE THE RESERVE OF THE PROPERTY OF THE PRO

JOBS HARRY ST.

ryndo. 🖖 🐈 🤭

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Half-Time Pro	<u>Shop L'</u>	<u>LC</u>	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	20/2008	and assigned
Florida document number LO800060884.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
Hockey Town Pro Sk The new name must be distinguishable and end with the words "I		ny," the designation "	LLC" or the abbreviation
		.	
Enter new principal offices address, if applicable:		· · ·	8 33 <u>A</u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			₹ <u>₽</u> 8 7
		•	SSE 2
Enter new mailing address, if applicable:			m _e m
(Mailing address MAY BE A POST OFFICE BOX)			7 S 5
			NO P
B. If amending the registered agent and/or registered		ır records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	er Florida street ad	dress)	
		, 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name Address Type of Action MGRM A Cestaro _ Add Remove ☐ Add Remove **■** Add Remove Add Remove Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August Signature of a member or authorized representative of a member <u>Mikulka</u>

Typed or printed name of signee

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00