

Aug. 7, 2013 2:50PM  
Division of Corporations

No. 89  
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**L08000063131**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : FEARS NACHAWATI LAW FIRM  
Account Number : I20130000023  
Phone : (214) 890-0711  
Fax Number : (214) 890-0712

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: adamharrislipton@gmail.com

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOUTH FLORIDA YOUTH SPORTS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: South Florida Youth Sports, 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:

Adam Lipkin

Name of Person

South Florida Youth Sports, LLC

Firm/Company

5451 NW 109TH WAY

Address

Coral Springs, FL 33076

City/State and Zip Code

adamharrisllipkin@gmail.com

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

For further information concerning this matter, please call:

Adam Lipkin

Name of Person

at ( 786 ) 877-7976

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

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August 7, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SOUTH FLORIDA YOUTH SPORTS, LLC  
5451 NW 109TH WAY  
CORAL SPRINGS, FL 33076

SUBJECT: SOUTH FLORIDA YOUTH SPORTS, LLC  
REF: L08000063131

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000076577 (ELITE YOUTH PROGRAMS INC).

If you have any further questions concerning your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H13000173901  
Letter Number: 313A00018875

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P.O BOX 6327 - Tallahassee, Florida 32314

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**AFFIDAVIT**

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STATE OF FLORIDA  
COUNTY OF BROWARD

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am the President and sole owner of ELITE YOUTH PROGRAMS, INC, a voluntarily dissolved business entity as of 08/05/2013.
2. I have no intention of revoking the dissolution of the above-named entity and hereby forever release the name ELITE YOUTH PROGRAMS for use by SOUTH FLORIDA YOUTH SPORTS, LLC in reference to the name conflict contained in Florida Department of State, Division of Corporations document number P12000076577 (Exhibit A).

Executed this 7<sup>th</sup> day of August, 20 13 in  
Coral Springs, Florida.

  
ADAM LIPKIN

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STATE  
SECRETARY  
DIVISION OF CORPORATIONS  
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**CERTIFICATE OF ACKNOWLEDGMENT**

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of  
August, 20 13, by Adam Lipkin as President of ELITE YOUTH  
PROGRAMS, INC.

Nicole Maceo  
Notary Public  
State of Florida

  
NOTARY PUBLIC OR DEPUTY CLERK

My Commission Expires 11/28/2014  
Commission No. EE 221066

Nicole Maceo  
[Print, type, or stamp commissioned name of notary or clerk]

☒ Personally known  
☒ Produced Identification  
Type of Identification Produced

FL Driver License

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

South Florida Youth Sports, 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 06/27/2008 and assigned  
Florida document number L08000063131

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This amendment is submitted to amend the following:

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

Elite Youth Programs, LLC

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

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

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

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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

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

|     |             |  |  |
|-----|-------------|--|--|
| VPS | Paul Lipkin | 5451 NW 109TH WAY<br>CORAL SPRINGS, FL 33076 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|-----|-------------|--|--|

|     |            |  |  |
|-----|------------|--|--|
| VPS | Ann Lipkin | 5451 NW 109TH WAY<br>CORAL SPRINGS, FL 33076 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|-----|------------|--|--|

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|  |  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated:

August 4 2013

*Adam Lipkin*

Signature of a member or authorized representative of a member

Adam Lipkin, Managing Member

Typed or printed name of signee

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Filing Fee: \$25.00

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