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D. BRUCE

JUL 28 2008

EXAMINE?

COVER LETTER

TO:

TO: Registration S Division of Co						
SUBJECT: SPOR	TS ALPACA LLC				E	
-		ited Liability Company)				
	f Amendment and fee(s) are sub	-				
Please return all corresp	ondence concerning this matter	to the following:				
	9100 SOUTH DADELAN	ID BLVD STE 912				
		(Name of Person)				
	VARGAS, PIEDRA & CO) .	* = *		the second	c
		(Firm/Company)		SEI	2	
	9100 SOUTH DADELAN	D BLVD STE 912		AHASS		
	-	(Address)		HASSE	у Д	
	MIAMI, FL. 33156					
		(City/State and Zip Code)		STATE LORIDA		
For further information	concerning this matter, please c	all:		DA .	л	
AURELIO A PIEDRA,	СРА	at (305 ₎ 671-0003				
(Name	of Person)	(Area Code & Daytime To	elephone Numbe	er)		
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)	Certified	te of Status		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporatio Clifton Building				
		2661 Executive Center	Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability ConFlorida document number L08000066851	npany were filed on JULY 10, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		No o
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
		HADSE
Enter new mailing address, if applicable:		re ≥ rn
Mailing address MAY BE A POST OFFICE BOX)		ORIDA
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flor	rida street address)
	(City)	, Florida(Zip Code)
	(0.13)	(Lip Coue)

New Registered Agent's Signature, if changing Registered Agent:

COODIC ALDACALLO

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM_	JOSEPH F BLITSTEIN	1121 CRANDON BLVD E#1208 KEY BISCAYNE, FL 33149	Add □ Remove
MGR	GERALD KELFER	3301 SOUTH MOORINGS WAY	Add
<u>WOIX</u>	OLIVIED NEEL EN	MIAMI FL 33133	Remove
MGR	PLUS FLOORS LLC	12000 NORTH BAY SHORE DRIVE NORTH MIAMLEL 33181	Add Remove
MGR	HOWARD RUBIN	2240 DATE PALM ROAD BOCA RATON FL 33432	Add Remove
MGR	JON STANFIELD	1 LOGAN STREET TRURO NOVA SCOTIA NS B2N5C-2 CA	Add Remove
MGR	TROY WILSON	4610.NW 77 TR LAUDERHILL FL 33351	Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessor	nry.)
_			08 SEC
_			FIL JUL 25
			EFFORM DISTRICT
Dated JULY	1 200	008	>
		ember or authorized representative of a member	
	JOSEPH F BLITST	EIN Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> WADE GORDON MGR PO BOX 7747 Remove 0062 REGAL CIRCLE BRECKENRIDGE, CO. 80424 Remove Add Remove _ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated JULY 21 Signature of a member or authorized representative of a member JOSEPH F BLITSTEIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00