

LD8000067077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

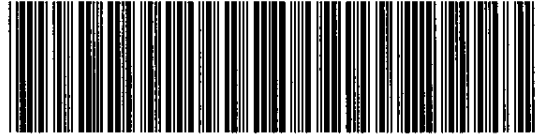
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sand Storm Industries, 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:

Robert Martini
(Name of Person)

Sand Storm Industries, LLC
(Firm/Company)

459 Savoy Court
(Address)

Spring Hill, FL 34606
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Martini at (352) 684-1422
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 FEB -4 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sand Storm Industries, 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 ~~February 4, 2009~~ and assigned
Florida document number L08000067077 July 16, 2008

This amendment is submitted to amend the following:

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

The Underground Sports Complex, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

William Long
Robert J. Martini
459 Savoy Ct. Spring Hill, FL
34606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

459 Savoy Ct.
Spring Hill, FL 34606

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:

William Long
459 Savoy Ct
(Enter Florida street address)
Spring Hill, Florida 34606
(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.

William Long
(If Changing Registered Agent, Signature of New Registered Agent)

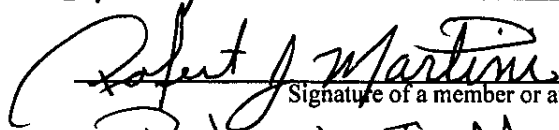
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DYLAN. HALL	7064 Springhill Dr. Spring Hill FL 34606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Edward Valencia	6343 Cranbrook AVE Spring Hill, Florida 34606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Maryann Wagner Martini	459 Savoy Court Spring Hill, FL 34606	<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

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

Dated January 29, 2009.



Signature of a member or authorized representative of a member

Robert J Martini

Typed or printed name of signee

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ALLAHABAD, FLORIDA