LU8000114775

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



100171984161

03/23/10--01018--024 **25.00

B. KOHR

MAR 25 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: The Sports Exchange 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:
SAUN Spring Person Parale al 3 GATE
C/s Robert Martin Company
100 Charbrok Booo
Elns Ford N / 10523 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SAUN Spring at (914) 593 - 1918 Area Code & Daytime Telephone Number
ing it.
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additiona

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

(Name of the Limited Lia		ow appears on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were file	ed on 12/14/08	and assigned
Florida document number <u> 2 0800 ンパイ</u> ク・	<u> </u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability com	npany here:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	:		9 醇
(Principal office address MUST BE A STREET A	DDRESS)		HAR 23
			23 825
•	 -		7 70 C
Enter new mailing address, if applicable:			9 2
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		92 02
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
(Enter 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 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>Title</u> <u>Name</u> ☐ Add Remove Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00