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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

JAN 16 2009

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TEAM WIN 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:
Jonathan Gray
(Name of Person)
(Firm/Company)
2568 Woodgate Blud, #204 Ess 3
2568 Woodgate Blud #204 PEG 3
ASS ASS
Orlando, FL 32822 SE 5
(City/state and Zip Code)
For further information concerning this matter, please call:
Tanathan (250)
Sonathan Gray at (407) 797-9932 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$\$\$55.00 Filing Fee & \$\square\$\$\$\$\$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
(additional copy is enclosed) (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM WI	N SPORTS, LL			
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on ou orida Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on $\frac{1}{\lambda}$	and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
GRAY NINE	HOLDINGS, L	LC		
The new name must be distinguishable and end with th				
"L.L.C."		7		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)	至 1		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>X)</u>	S AM IO: 47		
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 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> **Address** Jonathan Gray Jonathan Gray MGRM Remove Remove _ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 10, 2009 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00