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EXAMINER



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 JAN 25 PM 3: 50

COVER LETTER

Division of C	Corporations					
SUBJECT:	Orlando E	Bombers "L.L.C."				
	Name of Lim	ited Liability Company	 			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corres	spondence concerning this matter	r to the following:				
		Paul J Hoyle				
		Name of Person				
	Orl	ando Bombers "L.L.C."				
		Firm/Company				
	1	219 South Main Ave.				
		Address				
		Groveland, FL 34736				
		City/State and Zip Code				
	Wolves_bball@yahoo.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	eall:				
	Paul J Hoyle	at (_407)96	3-4347			
Name of Person		Area Code & Daytime To				
Enclosed is a check for	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAI	LING ADDRESS:	STREET/COURIER	ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or	lando Bomb	ers "L.L.C."			
(Name of the Limited I	Liability Compan Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on					ed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	:		
Wo	lverines Base	ball "L.L.C."			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compar	ny," the designation "L	LC" or the abbro	viation
Enter new principal offices address, if applicable:		1219 South Main Ave. Groveland, FL 34736			
(Principal office address MUST BE A STREET ADDRESS)					
					
Enter new mailing address, if applicable:		1219 South M	ain Ave. Grovelar	nd, FL 34736	<u>. </u>
(Mailing address MAY BE A POST OFFICE B	(OX)				
B. If amending the registered agent and/or registered agent and/or the new registered offi		:	ur records, <u>enter tl</u>	ne name of th	e new
4040.0					
New Registered Office Address:	1219 Godini		er Florida street addr	ess	
	G	roveland	, Florida	34736	
		City	, 1 101 IGH	Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:			10 J SECF	
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in which we will be a company has been notified in writing the company has been notified in writing the company has been notified in	oper and completered agent as pegistered office of the hange.	ete performance of rovided for in Cha address, I hereby	of my duties, and I a apter 608, F.S. Or, i confirm that the lim	Mamiliaeswill f.this document iteatiliability STA	
	If Chang	ging Registered Agen	t, Signature of New Reg	istered Agent	

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Paul J Hoyle	1219 South Main Ave. Groveland, FL 34736	Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if nec	essary.)
_			
Dated	anuery 22,2010, //	22/10.	
Daice	Tush	det or anthorized representative of a member	P 25
		Paul J Hoyle ed or printed name of signee Page 2 of 2	PH 3: 50
		Filing Fee: \$25.00	