## L0900010933

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S. HAWKES

MAR 3 2009

EXAMINER

## **COVER LETTER**

	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brian M. Rowland, Esq.		<u></u>
		(Name of Person)	
	Brian Rowland, P.A.		
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
	10752 Deerwood Park B	lvd. S., Waterview II, Suite 100	
		(Address)	<del></del>
,	Jacksonville, FL 32256		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Brian M. Rowland		at ( 904 <sub>)</sub> 394-2929	
	of Person)	(Area Code & Daytime 1	elephone Number)
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TRUE SPORTS ONLINE, 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 2, 2009	क्रितिहास हिन्द
Florida document number L09000010933		10000000000000000000000000000000000000
This amendment is submitted to amend the following:		3-2 P
A. If amending name, enter the new name of the limited liab	ility company here:	#. 23
		722
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2016 Gail Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville Beach, FL 32250	
Enter new mailing address, if applicable:	2016 Gail Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville Beach, FL 32250	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		nter the name of the new
New Registered Office Address.	(Enter Florida stro	vet address)
	, Flori	da
	(City)	(Zip Code)
Now Degistered Agentle Signature if shanging Degistered Agent.		

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 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

	<u>Name</u>	<u>Address</u>	Type of Action
₹	William C. Latham	2106 Gail Ave Jacksonville Beach, FL 32250	Add  Remove
R	Michael P. Privat	2106 Gail Ave Jacksonville Beach, FL 32250	Add  Add  Solve Tablemove
BR	William C. Latham	2016 Gail Avenue Jacksonville Beach, FL 32250	Add Remove
SR	Michael P. Privat	1811 Orange Picker Road Jacksonville, FL 32223	Ado Remove
			Add Remove
			Add
	-		Remove
If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	
If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	
If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	
If amen	March 2	2009  2009  member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00