

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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((H100002425173)))



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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : MATTHEWS & HAWKINS, P.A.  
 Account Number : I19990000039  
 Phone : (850) 837-3662  
 Fax Number : (850) 654-1634

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**U-GO-SPORTING GOODS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

10 NOV -8 AM 11:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 TALLAHASSEE, FLORIDA

10 NOV -8 PM 4:22

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Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

NOV - 9 2010

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**U-Go-Sporting Goods, 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 3/5/2009 and assigned Florida document number LO9000021901.

This amendment is submitted to amend the following:

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

U-Go, 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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**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:**

John W. Hawkins

**New Registered Office Address:**

4475 Legendary Drive

*Enter Florida street address*

Destin

Florida

32541

*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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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.)

\_\_\_\_\_

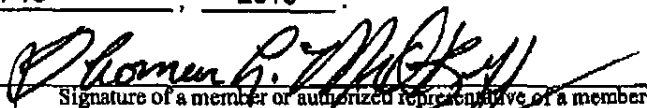
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Dated October 18, 2010



Signature of a member or authorized representative of a member

Thomas L. Midkiff

Typed or printed name of signer

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