#L09000057282

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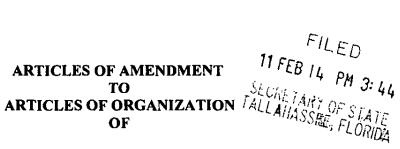
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SEURETARY OF STATE

K. SALY EXAMINER FEB 1 5 2011

COVER LETTER

то:	Registration Secti Division of Corpo			
SUBJECT:		7 Deuce S	Sports Club, LLC	
301001			ted Liability Company	
The end	closed Articles of Ar	nendment and fec(s) are sub	omitted for filing.	
Please i	return all correspond	ence concerning this matter	to the following:	
Jill Ehrlich , Paralegal				
			Name of Person	
Sp		Spec	tor Gadon & Rosen, P.	C .
			Firm/Company	
1635 Market Street, 7th Floor				or
			Address	
		P	hiladelphia, PA 19103	
			City/State and Zip Code	
	_	j	ehrlich@lawsgr.com	
		•	to be used for future annual report	notification)
or furt	her information cond	cerning this matter, please c	ali:	
	Jill Ehrlic	ch , Paralegal	at (215)	241-8833
Name of Pe		erson		sytime Telephone Number
			* * *	
			.λ _m .	
Enclose	ed is a check for the f	following amount:		
₹ 25.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration of P.O. Box (f Corporations	Registration S Division of Co ; , Clifton Buildir	rporations

Tallahassee, FL 32301



7 Deuce Sports Club, 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 Florida document number L09000057282	Company were filed on	6/12/09 and assigned					
This amendment is submitted to amend the following: A. If amending name, enter the new name of the li							
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD	DRESS)						
		•					
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new					
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 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>	Address	Type of Action
MGMR	William W. Thomas III	1137 S. Bluelake Road Deland, Fl. 32724	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
			-
<u>-</u>			-
Dated	Pa Tho	2011 . MOUS	
		per or authorized representative of a member Rosa C. Thomas ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00