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B. KOHR

JUL 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FIJ SPORTS
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: FIREDDIE Jones
rim/Company
8135 Lycidul CT Address
TRINITY FL 34655 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FREDDIE J. JavES at (727) 637 - 1832. Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified to Status & Certified Copy} (additional copy is enclosed)}\$\$
MAILING ADDRESS: ✓ STREET/COURIER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

: 7

	OF	A PER O M
F : J Sports		· 公司 王 〇
(Name of the Limited Liability Com	npany as it now appears on our a	ecords.
· ·		
The Articles of Organization for this Limited Liability Compa	any were filed on June 16	2009 and assigned
Florida document number <u>L09000058156</u> .		\ .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	$\frac{N}{A}$	
	770	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ds, enter the name of the new
Name of New Registered Agent:	N	
	1/4	
New Registered Office Address:	Enter Florid	a 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
MGK	FREDDIE J. JONES	8135 LUCIDUL CT TRINITY, FL 34655	✓ Add Remove
MGL	JENNIFER JONES	8135 LUCIDUL CT TRINITY, FL 34655	Add Remove
MGRM	LE'NIECA J. JONES	8135 LUCIOUL CT TRINITY, FL 34655	Add Add Remove
_			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	>
			_
			-
Dated	JUNE 30 , 2009		
-	FREDDIE J. JONES	or authorized representative of a member Sor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00