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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPORT PORT OF SOUTHWEST FLORIDA, LLC
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:

WENDY J. BLANK

Name of Person

SPORT PORT OF SOUTHWEST FLORIDA, LLC

Firm/Company

3391 17th Ave SW

Address

NAPLES, FL 34117

City/State and Zip Code

wee@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY J. BLANK

Name of Person

at **(239) 352 - 1243**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:
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

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

SPORT PORT OF SOUTHWEST FLORIDA, 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 JUNE 17, 2008 and assigned
Florida document number L09000058908.

This amendment is submitted to amend the following:

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

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)

3391 17th Ave SW

NAPLES, FL 34117

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3391 17th Ave SW

NAPLES, FL 34117

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:

LAW OFFICE OF JOEL A. THRELKELD, P.A.

New Registered Office Address:

2272 AIRPORT ROAD SOUTH #202

Enter Florida street address

NAPLES

, Florida 34112

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.

MP
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:

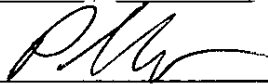
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PAUL VACCO	3241 GOLDEN GATE BLVD. E. NAPLES, FL 34120	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WENDY J. BLANK	3391 17th Ave. SW NAPLES, FL 34117	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SCOTT D. BLANK	3391 17th Ave. SW NAPLES, FL 34117	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVID S. GEE	3391 17th Ave. SW NAPLES, FL 34117	<input checked="" 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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FALLAHOES, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 17, 2013



Signature of a member or authorized representative of a member

PAUL VACCO

Typed or printed name of signee

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Filing Fee: \$25.00

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