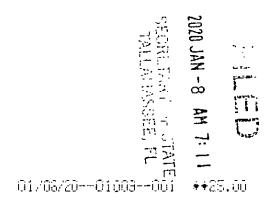
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of	Corporations	•	
SPORT	PORT OF SOUTHWEST FLORI	DA, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	SCOTT D BLANK		
		Name of Person	
	MANTIS HAMMERS, LI	c	
	• • • • • • • • • • • • • • • • • • • •	Firm/Company	
	3391 17TH AVENUE SW	,	
		Address	<del></del>
	NAPLES, FL 34117		
		City/State and Zip Code	
	WEEBLANK@GMAIL.CO		
	E-mail address:	to be used for future annual report not	ification)
For further informat	ion concerning this matter, please of	all:	
SCOTT D BLANK		239 793-0168	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
🖀 \$25.00 Filing Fe	ce \$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 Ac	Idress: ion Section	<u>Street Address:</u> Registration Se	ection
•	of Corporations	Division of Co	
P.O. Box	-	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## 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 I	Liability Company were filed on $\frac{06/1}{}$	7/2009 and assigned
Florida document number L09000058908	·	20 J
This amendment is submitted to amend the fol	lowing:	7
A. If amending name, enter the new name	of the limited liability company her	
MANTIS HAMMERS, LLC		776 51
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	· ਜ –
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addresses	ess bere:	ords, enter the name of the new registered
Name of New Registered Agent:	SCOTT D BLANK	
New Registered Office Address:	3391 17TH AVE SW	
	Enter Florid	a street address
	NAPLES	, Florida 34117
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			Change SECOLARIA REMOVE
			ORemove Change
			□Remove
			□ Change
			□ Add
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			☐ Change

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un effective de	ate is listed, the date must be late inserted in this block	specific and cam	ot be prior to o	iate of filing or mo	m than OO days after	51 \ D (00	.020
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ecord specifics filed.	fics a delayed effective da	te, but not an e	ffective time	, at 12:01 a.m. of	n the earlier of: (b	) The 90th day after	r the
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Filing Fee: \$25.00