

LO9000064037

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 1 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2016

LAUREL GIARDINA  
3321 LITHIA PINECREST RD  
VALRICO, FL 33596

SUBJECT: ALL TEAM SPORTS & APPARELL, LLC  
Ref. Number: L09000064037

RECEIVED  
2017 JAN 30 PM 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALL TEAM SPORTS & APPARELL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SPECIFY THE REGISTERED AGENT INFORMATION. TO ADD A MEMBER YOU MUST FILE AMENDMENT APPLICATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 716A00027746

copy

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALL Team Sports & Apparel, 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:

Laurel Giardina  
Name of Person  
ALL Team Sports & Apparel, LLC  
Firm/Company  
3321 Lithia Pinecrest Rd  
Address  
Valrico FL 33596  
City/State and Zip Code  
Laurel.1st Sporting Goods@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurel Giardina at (813) 571-0111  
Name of Person 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)

you recieved 12/16 & see attached letter

**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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17 JAN 30 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

All Team Sports & Apparel, 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 7/1/2009 and assigned  
Florida document number 109000064037

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 contain 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)

**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:**

additional agent

Name of New Registered Agent:

Folayan E. Kindred

New Registered Office Address:

N/A 1120 Lumsden Trace Cir

Enter Florida street address

VALRICO

City

Florida 33594

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.*

X [Signature]  
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

*\* add to records*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Folayan E Kindred	1190 Lumsden Trace Valrico FL 33594	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/18, 2016.

Laurel J. Giardina  
Signature of a member or authorized representative of a member

Laurel J. Giardina  
Typed or printed name of signee

previously  
pd 12/16