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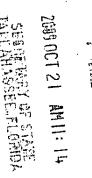
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T. CLINE

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EXAMINER

COVER LETTER

TO:	Registration Division of C			•
SUBJI				
5020		Name of Li	nited Liability Company	
The en	closed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
SHARON A KIRK				
			Name of Person	
ALL-STAR SPORTING GOODS				
			Firm/Company	
1721 HAVERHILL DRIVE				
			Address	
CHIPLEY FL 32428				
City/State and Zip Code				
sharonakirk@yahoo.com E-mail address: (to be used for future annual report notification)			TALAK	
For fur	ther information	concerning this matter, pleas	•	- 章 2 F
	SH	IARON A KIRK	at (850) 773-7931	
		e of Person	Area Code & Daytime Telephone N	umber Title
Enclos	ed is a check for	the following amount:		
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL STAD SDODTING GOODS LLC

(Name of the Limited Liability Comp (A Florida Limited				
The Articles of Organization for this Limited Liability Compan Florida document numberL0900075275			and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	any," the designation	"LLC" or the at	breviation
Enter new principal offices address, if applicable:			ES E	
(Principal office address MUST BE A STREET ADDRESS)			00	- 1,1
			60 mg / N	
				Tra }
Enter new mailing address, if applicable:			ويست والروائس	Terrana
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>ente</u>	r the name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	Citv		Zin 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

Title Name **Address Type of Action** SIMMONS, ALFRED T MGRM 4557 CREEK ROAD ☐ Add VERNON FL 32442 √ Remove ☐ Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/20/2009 Dated_ Signature of a member or authorized representative of a member SHARON A KIRK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00