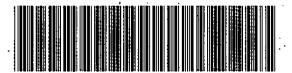
# 109000085652

•	(Requestor's Name)	
<u>.</u>	(Address)	*
	(Address)	*
	(City/State/Zip/Phone #	Ð
PICK-UI	P WAIT	MAIL MAIL
	(Business Entity Name	)
•	•	
	(Document Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

JUN 2 3' 2010

EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2010

DAVID KEITH . 237 B WEST 15TH STREET PANAMA CITY BEACH, FL 32401

SUBJECT: ALMEGA SPORTS, LLC

Ref. Number: L09000085652

We have received your document for ALMEGA SPORTS, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

You have submitted 2 seperate forms each with a filing fee of \$25.00.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 310A00014482

## **COVER LETTER**

Division of Corporations		
SUBJECT: Almega Sports LLC Name of Limited Liability Company		
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:		
Marie? Mike Walker		
Name of Person		
Almega Sports LLC		
2497 B Highway 77		
Panama City, FL. 32405 City/State and Zip Code	ZH SE	
City/State and Zip Code	PAGE 1	SANT FRANK
mike Calmega sports. Com  E-mail address: (to be used for future annual report notification)	2010 JUN 22 SECRETAR' TALLAHASS	Tree Pro-
For further information concerning this matter, please call:		
Mike Walker a1(850) 215-5151	031E	
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
" (additional copy is enclosed) Certified	te of Status &	)

### 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

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

Almega Sport  (Name of the Limited Liability Comp.  (A Florida Limited	S LLC.  Dany as it now appears on our records.)  I Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L0900085653</u> .	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Almega Sports LLC 247B Highway 77 = Pavama Pity FIR3240577
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Almega. Sports LLC R. R. T. 297 B Highway 777 F F F. P. 32795
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent: Macie  New Registered Office Address: 2497  Parage	B Highway 77 Enter Florida street address
New Registered Agent's Signature, if changing Registered Agen	t:

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

Title	Name	Address	Type of Action
norm	James D. Keith	237 B West 15th St Panama City, FL 324	Add Remove
ng km	Marie. C. Walker	2497 B Highway 77 Pavama City FL 3a	<b>X</b> Add
			Add Remove
			Add Remove
			Add Remove
			Add Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets,	if necessary
1	JA.		<u>;</u> ; ;
			<del></del>
Dated <u>Ju</u>	ne 20, 201	D .	

Page 2 of 2

Filing Fee: \$25.00