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C. LEWIS

DEC 1 2009

**EXAMINER** 

## **COVER LETTER**

TO:"	Registration Section Division of Corp.	tion orations		
£ : SUBJI		The Warehouse	Sports Complex, LLC	
			ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		BEN	NJAMIN MOORE, CPA	
			Name of Person	
		BENJA	MIN H. MOORE, CPA, PA	
			Firm/Company	-
		720 N MA	AITLAND AVENUE, STE 105	5
			Address	<u></u>
		1	Maitland, FL 32701	
			City/State and Zip Code	<del></del>
		E-mail address: (to	be used for future annual report notifica	tion)
For fur	ther information cor	aceming this matter, please ca	ıll:	
<u></u>	Benjamin Name of F	H Moore, CPA	at ( 407 ) 64  Area Code & Daytime T	44-3119 Celephone Number
Enclos	ed is a check for the	following amount:		
<b>√</b> \$25	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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The Ware	ehouse Sports Complex, I	TALLAHASSEE FLORIDA	
(Name of the Limited L (A F	lorida Limited Liability Company)	on our records. HASSEE, FLORIDA	
The Articles of Organization for this Limited Liab Florida document number	pility Company were filed on Sep		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
Sports	land Training Complex, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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.

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:

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Title Name Address	Type of Action
	Add
	Remove
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	Remove
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	Remove
	Add
	r-3n
D. If amending any other information, enter change(s) here: (Attach additional s.	heets, if necessary.)
·	
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Dated	PILLU SECRETARY OF STATE TALLAHASSEE. FLORIDA
Signature of a member or authorized representative of a	member REA
Jack D. Land Typed or printed name of signee	<u> </u>

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