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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

T. CLINE
MAR - 1 2010
EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: MILILANI SPORTS LLC		
	Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	TANIA 111. LAM Name of Person		
	Name of Person		
	MILILANI SPORTS LLC		
	Firm/Company		
	3050 SW 8 ST		
	3050 SW 8 ST Address	2010 TAL-	
	FORTLANDERDALE, FL 33312	CRE	T
	TOET LAUDERDAUE, FL 33312 City/State and Zip Code Tanialawe Conscast, net E-mail address: (to be used for future annual report notification)	2010 FEB 26 AM IT: 19 SECRETARY OF STATE TALLAHASSEE. FLORID	F
For fu	ther information concerning this matter, please call:	H: 19 STATE LORIO	U
	TAMAM-LAM at (954) 587-3780		
	Name of Person Area Code & Daytime Telephone Number		
Enclos	ed is a check for the following amount:		
\$25	(additional copy is enclosed) Certified	te of Status &	sed)

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

	WI SPORTS, LLC	
(<u>Name of the Limited Liability</u> (A Florida I	Y Company as it now appears on our reco Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	TARY ASSI
Enter new mailing address, if applicable:		FFLORIE I
(Mailing address MAY BE A POST OFFICE BOX)		.
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		rida
	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 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 = Ma	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	SUZUKI, DEREK T.	6701 N. UNIVERSITY DR. #101 TAMARAC, FL 33821	✓ Add ▼ Remove
MGRM	LAM, TANIA M.	3050 SW 8 STREET FORT LAUDERDALE, FL 33312	Add Remove
			Add Remove
		AECRE I	Add Remove
		SSEE. FLORIDA	Remote Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
	Please amend DBA C	shana Volleyball Club with	
_U	pdated information of	Chana Volleyball Club with Militani Sports LLC. Thank you	in.
	Also, please attach Ell	1:27-1917024 (copy attach	red)
	to the updated filing of Mi	1:27-1917024 (copy attack	_
Dated	ebruary 22 , 201	<u>O</u>	_
-		n. Lam	
	<u> </u>	or authorized representative of a member 9 M. LAM	
-	Typed o	or printed name of signee	****

Page 2 of 2

Filing Fee: \$25.00