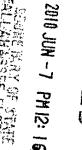
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUN - 9 2010
EXAMINER

Office Use Only



700181596927

06/07/10--01005--016 **25.00



COVER LETTER

Registration Section

TO:

Division of Co	orporations			
SUBJECT:	Spor	ts Joint, LLC		
	Name of Lim			
	of Amendment and fee(s) are sulpondence concerning this matter			
		Marco Canada		
Name of Person				
	Sports Joint, LLC			
	Firm/Company			
	10850 NW 89th Ter #203			
		Address	\$35.00 -1	
		2810 JUN -7 PH 12: 1		
		Doral, FL 33178 City/State and Zip Code		
	E-mail address: (narcoacm@gmail.com to be used for future annual report notificat	ළැක්ස ජ	
For further information	concerning this matter, please of	•		
N	larco Canada	at (305) 75	534996	
Name of Person		Area Code & Daytime To	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)	
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sports Jo (<u>Name of the Limited Liability Compa</u> (A Florida Limited I	oint, LLC ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L10000018459					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if applicable:	10850 NW 89th Ter #203	Eur B			
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33178	TO E			
		SECTION AND AND AND AND AND AND AND AND AND AN			
Enter new mailing address, if applicable:	10850 NW 89th Ter #203				
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33178				
		diff o			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Add Remove
			Add Remove
			Add Remove
			Add Company of the co
			Add Add
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	12: 16 12: 16
_			
Dated <u>06</u>	4	a to	
	Max	r or authorized representative of a member CO COUCOO To printed name of signee	

Page 2 of 2

Filing Fee: \$25.00