

L10000021614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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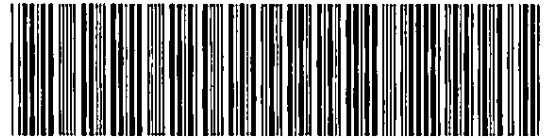
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 NOV 17 AM 11:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soccer Line Sporting Goods, LLC

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:

Melody D. Genson, Attorney At Law

Name of Person

Law Offices of Melody D. Genson

Firm Company

2750 Ringling Blvd., Suite 3

Address

Sarasota, FL 34237

City/State and Zip Code

melodygenson@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody D. Genson

941 365-5870

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

Soccer Line Sporting Goods, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

17 NOV 17 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 25, 2010 and assigned
Florida document number L10000021614.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9251 Pine Cove Road

Englewood, FL 34224

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9251 Pine Cove Road

Englewood, FL 34224

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Steven F. Jones, as Personal Representative for the Estate of Scott L. Jones

New Registered Office Address:

9251 Pine Cove Road

Enter Florida street address

Englewood

City

Florida 34224

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 605, 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.

S. F. Jones Personal Representative
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Scott L. Jones	2876 Ringling Blvd.	<input type="checkbox"/> Add
		Sarasota, FL 34237	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	Steven F. Jones, as Personal Representative for the Estate of Scott L. Jones	9251 Pine Cove Road	<input checked="" type="checkbox"/> Add
		Englewood, FL 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 NOV 17 AM 11:54

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11-8-17

x  Personal Representative
Signature of a member or authorized representative of a member

Steven F. Jones Personal Representative
Typed or printed name of signee