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SECRETARY OF STATE

J. BRYAN

APR -5 2009

**EXAMINER** 

## **COVER LETTER**

	gistration Section vision of Corporations
SUBJECT	AIRO 7017 Football, LLC  Name of Limited Liability Company
The enclose	d Articles of Amendment and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	South Florida 7 on 7 faith football
	South Florida 7 on 7 youth football
	Firm/Company
	3151 SW 131 Terr Address
	Address
	Davie, FC. 33330
	Davic, FC. 33330  City/State and Zip Code  davi No Southflorida Fon F. Com  E-mail address: (to be used for future annual report notification)
For further	E-mail address: (to be used for future annual report notification) information concerning this matter, please call:
1)0	Name of Person at (954) 214-390 Z  Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
\$25.00	Filing Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & } \bigcup \\$55.00 \text{ Filing Fee & } \bigcup \\$60.00 \text{ Filing Fee, } \\ \text{Certificate of Status & } \\ \text{Certified Copy } \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed} \end{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

AIRO FONT FOO	tball, 60	C. 32 3 0				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 0 0 000 2 7 7 9 3</u> .		0.7. 0				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liah	ility company here:					
ATRO Athletics, Lo The new name must be distinguishable and end with the words "Lim	LC"					
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:	AIRO Ath	letics, LCC.				
(Principal office address MUST BE A STREET ADDRESS)	1112	letics, LCC.  Weston Rd #270				
	Wester, F	<i>L.</i> 33326				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	AIRO Ath, 1112 Weston, F	letics, LLC. ton Rd # 270 -C. 33326				
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:						
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:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
- - -		nge(s) here: (Attach additional sheets, if necess	FILED 10 APR -2 PM 2: 48 10 APR -2 PM 2: 48 THE CARTARY OF STATE ALORIDA THE CARTARY OF STATE ALORIDA
Dated	Da	ber or authorized representative of a member	<del>&gt;</del>
	Туј	ped or printed name of signee	

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Filing Fee: \$25.00