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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

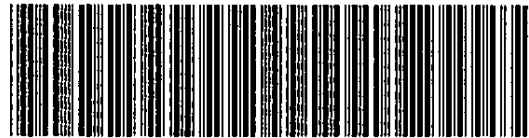
(Business Entity Name)

(Document Number)

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10 JUN 24 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 25 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2010

NANEDIRI SENANAYAKE
11060 SW 196ST UNIT 607
MIAMI, FL 33157

SUBJECT: MIAMI SRILANKAN CRICKET ASSOCIATION LLC
Ref. Number: L10000050519

We have received your document for MIAMI SRILANKAN CRICKET ASSOCIATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 510A00014784

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI SRILANKAN CRICKET ASSOCIATION 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:

Naneditri Senanayake

Name of Person

MIAMI SRILANKAN CRICKET ASSOCIATION LLC

Firm/Company

11060SW 196ST Unit 607

Address

Miami, FL 33157

City/State and Zip Code

senakamanoj@hotmail.com

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

For further information concerning this matter, please call:

Naneditri Senanayake

Name of Person

at (305)

798 0409

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 24 PM 4:31

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIAMI SRILANKAN CRICKET ASSOCIATION LLC

(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 were filed on 05/10/2010 and assigned
Florida document number L10000050519.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Changing Registered Agent, Signature of New Registered Agent

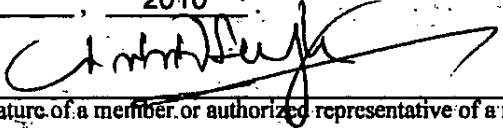
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOE STEPHEN	13450 SW 126 ST SUITE 7 MIAMI, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	INDIKA WANIGARATHNE	535 NE 29 ST UNIT 4 MIAMI, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHRISTINE N. BRITTO	17050 NW 56TH COURT MIAMI, FL 33055	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JUNE 11TH, 2010


Signature of a member or authorized representative of a member

NANEDIRI SENANAYAKE

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA