

**L10000051812**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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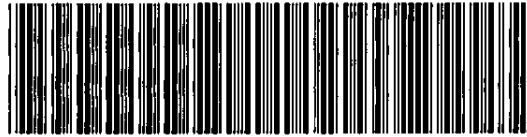
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**MAY 19 2011**

**EXAMINER**

Office Use Only



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**FILED**

**11 MAY 16 PM 4:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fut Glove, L.L.C.  
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:

Martin A. Cone  
Name of Person

Fut Glove, L.L.C.  
Firm/Company

110 Cumberland Park Drive, Suite 302  
Address

Saint Augustine, Florida, 32095  
City/State and Zip Code

martincone@lifestream.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin A. Cone at ( 904 ) 322-2626  
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

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

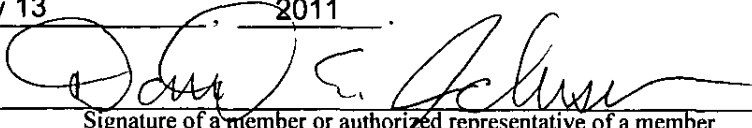
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Daniel E. Johnson	164 Saint Johns Forest Blvd. Saint Johns, Florida 32259	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Timothy C. Chromy	1895 Moorings Circle Middleburg, Florida 32068	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jason L. Vanbennekorn	210 Saint Johns Forest Blvd. Saint Johns, Florida 32259	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Martin A. Cone	287 Saint Johns Forest Blvd. Saint Johns, Florida 32259	<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

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

We are adding Martin A. Cone as a Managing Member effective May 11, 2011.

We also are changing "Title" to "Managing Member" for Daniel E. Johnson,  
Timothy C. Chromy, and Jason L. Vanbennekorn. The change in "Title" corrects  
previous filing error. Please contact Martin A. Cone at 904-322-2626 if you  
have any questions or need additional information. Thank you.

Dated May 13, 2011

  
Signature of a member or authorized representative of a member

Daniel E. Johnson

Typed or printed name of signee

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

Fut Glove, L.L.C.

(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 May 13, 2010 and assigned  
Florida document number L10000051872.

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)

**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

**FILED**  
11 MAY 16 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**