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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
JUL - 2 2010

EXAMNER

COVER LETTER

TQ:

Registration Section

Division of Co	rporations		
SUBJECT:	Twentv20 Cric	cket Association, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Yog Melwani, MGRM	
•		Name of Person	
	Twonty	20 Cricket Association, LLC	
	I Wenty.	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		D D D 004	
		P. O. Box 394 Address	
	4,		
	<u>\</u>	Vindermere, FL 34786 City/State and Zip Code	
		ymel@msn.com	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please of	call:	
Yog N	delwani, MGRM	at (407)	494.6820
Name	of Person	Area Code & Daytime	Telephone Number
			,
Enclosed is a check for	he following amount:		1
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

PAYMENT BY USPS MONEY ORDER AMT \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears iability Company)	on our records.	
The Articles of Organization for this Limited Liability Company Florida document numberL10000060089	were filed on	06/04/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
Twenty20 Cricket A	ssociation, LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compar	ny," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			9
(Principal office address MUST BE A STREET ADDRESS)			5 ISEC
	·-··		
T			- COR
Enter new mailing address, if applicable:	<u></u>		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Mailing address MAY BE A POST OFFICE BOX)			RO PLA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter th</u>	e name of the nev
	,	: .	•
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street addr	ess
•		, 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

	<u>Name</u>	Address	Type of A	<u>Action</u>
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