

L10000064743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

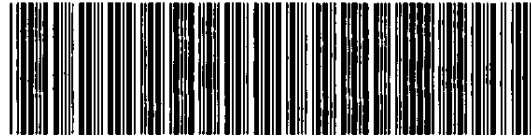
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10 JUN 25 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 28 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JOEL KEEFE'S ATHELETIC ENGINEERING & DESIGN 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:

**MIKE POWANDA**  
Name of Person

---

**EBS INC**  
Firm/Company

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**105 NE 183RD STREET**  
Address

---

**MIAMI, FL 33179**  
City/State and Zip Code

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**mike@ebs1040.com**  
E-mail address: (to be used for future annual report notification)

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10 JUN 25 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MIKE POWANDA

**MIKE POWANDA**

Name of Person

at ( 305 )

**652-6286**

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

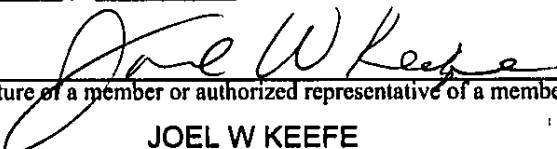
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOEL M KEEFE	13060 VISTA ISLES DR APT 221 PLANTATION, FL 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOEL W KEEFE	13060 VISTA ISLES DR APT 221 PLANTATION, FL 33325	<input checked="" type="checkbox"/> 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
**10 JUN 25 PM 1:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Dated June 17<sup>th</sup>, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**JOEL W KEEFE**  
\_\_\_\_\_  
Typed or printed name of signee