

210000068469

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2013 MAY 12 AM 11:12  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRI TAMPA BAY  
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:

JON NOLAND  
Name of Person

TRI TAMPA BAY  
Firm/Company

777 NORTH ASHLEY DRIVE #1014  
Address

TAMPA, FL 33602  
City/State and Zip Code

JRNOLANDII@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON NOLAND at ( 813 ) 758-9613  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2013 NOV 12 AM 11:12  
TALLAHASSEE, FLORIDA

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

TRI TAMPA BAY, 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 06/28/2010 and assigned Florida document number L10000068469.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TRIBAL MULTI-SPORT, LLC.  
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)

777 NORTH ASHLEY DRIVE #1014  
TAMPA, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

NO CHANGES

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

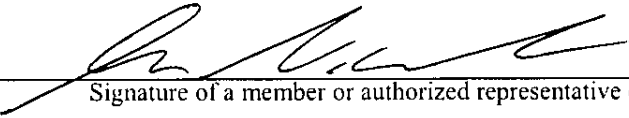
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICHOLAS CHASE	1190 28TH AVENUE NORTH	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33704	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLARK COUNTY FLORIDA  
CLERK OF CIRCUIT COURT

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

Dated 11/07/2013

  
Signature of a member or authorized representative of a member

Jon NOLAND

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF DISTRICT COURT  
ALLAHABAD, UTTAR PRADESH

2013 NOV 12 AM 11:12

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