<u>L10000014034</u>

| (Re | questor's Name) | | | |
|-------------------------|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| , | | | | |
| | | | | |

G. MCLEOD

NOV 16 2010

EXAMINER



200187617322

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FILED

10 NOV 12 PM 12: 26
SECRETARY OF STATE
ALL AHASSEE FINE

COVER LETTER

| TO: Registration S Division of Co | | ,· | | | |
|-----------------------------------|--|---|--|--|--|
| SUBJECT: | Clubhouse | Sports Zone LLC | | | |
| SUBJECT: | | ited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | condence concerning this matte | r to the following: | | | |
| | VINCENT ORTIZ | | | | |
| | | Name of Person | | | |
| | CLUE | BHOUSE SPORTS ZONE | | | |
| | | Firm/Company | | | |
| | | 2708 E Church St. | | | |
| | | Address | | | |
| Orlando Fl. 32803 | | | | | |
| | | City/State and Zip Code | | | |
| | vincent.ortiz08@yahoo.com | | | | |
| | E-mail address: (| to be used for future annual report notifica | tion) | | |
| For further information | concerning this matter, please of | eall: | | | |
| | ICENT ORTIZ | at (407) 62 Area Code & Daytime 1 | 25-9093 | | |
| rane | 01 1 013011 | Alea Code & Daytille 1 | elephone (value) | | |
| 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| use Sports Zone LL(| <u> </u> | |
|---|---|---|
| ity Company as it now appea a Limited Liability Company) | rs on our records.) | |
| Company were filed on | 7/19/2010 | and assigned |
| | | |
| | | |
| nited liability company her | <u>·e</u> : | |
| ords "Limited Liability Compa | any," the designation "I | LC" or the abbreviation |
| | | |
| ORESS) | | <u> </u> |
| | 74330 | NOV 12 |
| | <u>:</u> | |
| | | 98:31 12:26 |
| stered office address on o | our records, enter t | he name of the new |
| | | |
| Fin | tar Florida streat add | MARS |
| En | | 7 833 |
| City | , Florida | Zip Code |
| | ity Company as it now appea a Limited Liability Company) Company were filed on mited liability company here ords "Limited Liability Company ORESS) istered office address on orderess here: En | stered office address on our records, enter t dress here: Enter Florida street add., Florida |

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

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--|--|---|-----------------|
| MGR | Vincent Ortiz | 1917 E. Central Blvd. Orlando Florida 32803 | Add ☑ Remove |
| | | | Add Remove |
| - | | | Add Remove |
| · | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ng any other information, enter change | e(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | |
| —————————————————————————————————————— | November 10 201 | 10 | _ |
| Dated | | | |
| - | Jose | or authorized representative of a member A. Coccano or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00