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J. SAULSBERRY EXAMINER

OCT 13 2010

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Zeroo Sorts LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Leroo Sports LLC ARETARY OF SECRETARY OF STATE AND Address RIGHT STATE AND Address RIGHT STATE AND Address RIGHT STATE AND City/State and Zip Code NEBZUY 13 @ HOTMAIL COM E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Yuzbeny Escobar at 305 749.7080 Name of Person Area Code & Daytine Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leero	, Sp	or-ts	s LLC.			
. (Name of the Limited I	iability Compa Iorida Limited I	ny as it no .iability Co	w appears on our mpany)	records.)		
The Articles of Organization for this Limited Lia Florida document number <u>LI 00000</u> 75	bility Company	were filed	1 on 07-12	3/2010	2 and as	signed
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follow.	he limited liab	ility comp	pany here:	SECRE HAS TALLAHASS	2010 OCT 12	T
Zeroo Soo The new name must be distinguishable and end with		LC	r. Community the d	ring ring		abbreviation
"L.L.C."	tile words Limi	tea Liabiii	iy Conipany, the u	S2 S2 S2 S2 S2 S2 S2 S2 S2 S2 S2 S2 S2 S		abbreviation
Enter new principal offices address, if applical	ble:	77	60 NE	B2 草	7 182	<u>(e.</u>
(Principal office address MUST BE A STREET	ADDRESS)	MI	AMI I	PL 3	3/3P	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	76 M	O NE IAMI , F	827 2133		. (
B. If amending the registered agent and/or registered agent and/or the new registered offi			ess on our reco	rds, <u>enter th</u>	<u>e name (</u>	of the new
Name of New Registered Agent:	MA		···			
New Registered Office Address:	760	NE	82 Te	male		
		•	•	la street addr		
	Ma	· · · · · · · · · · · · · · · · · · ·		Florida <u>3</u>	3138	
		City			Zip Cod	· .

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Aanaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	NIA		
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D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary,	Add Add Oct P
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	Signature of a membe	rodauthorized representative of a member Helpy Escolor	
	Typed	or printed name of signee	to the state of th

Page 2 of 2

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