L1000085298

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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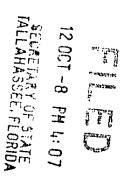
OCT _ 9 2012

EXAMINER



600240482946

10/08/12--01017--021 **25.00



COVER LETTER

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TO: Registration Sec Division of Corp			
SUBJECT:	Excel Sports Pe	erformance Florida LL	С
		ited Liability Company	
	Amendment and fee(s) are sub	-	The second of th
		Silvia Puccio	F. F.
Name of Person			
EXCEL SPORTS PERFORMANCE FLORIDA LLC			RIDA LLC
Firm/Company			
11025 NW 39TH STREET #204		4	
	- M-2.1. 1		
	SUN	IRISE, FLORIDA, 33351	
City/State and Zip Code			
		FORMANCE@YAHOO.C to be used for future annual report no	
For further information co	oncerning this matter, please of	call:	
SILV	IA A PUCCIO	at (_770)_	335-3841
Name of	Person		ime Telephone Number
Enclosed is a check for th	e 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)
Registr Divisio P.O. Bo	and ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EXCEL SPORTS PERFORMANCE FLORIDA LI

ARTICL	es of amendmen	1	
	TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ARTICLE	S OF ORGANIZATI	ON de la	
	OF		
		The second second	
EXCEL SPORTS F	PERFORMANCE FLO	ORIDA LLC	
(Name of the Limited Liabili	ty Company as it now appear Limited Liability Company)	s on our records.)	
(A Florida	Limited Liability Company)	700	
The Articles of Organization for this Limited Liability	Company were filed on	08/16/2010 assigned	
Florida document number L10000085298	• •	A	
1 fortal document number	 ·		
This amount is a distinct of the state of th			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	·	
The new name must be distinguishable and end with the w	ords "Limited Liability Compar	ny," the designation "LLC" or the abbreviation	
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD			
Trincipal office dualess MOST BE A STREET ADI.	MESS)	· · · · · · · · · · · · · · · · · · ·	
		 _	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi		ur records, enter the name of the new	
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street address	
	YH. 24.		
	City	Florida Zip Code	
AV		2.p 0000	

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

Title <u>Name</u> **Address Type of Action MGRM** VICTOR BARRICK 11025 NW 39TH STREET #204 SUNRISE FLORIDA 33351 Remove MGRM BENJAMIN L BARRICK 11025 NW 39TH STREET #204 ✓ Add SUNRISE FLORIDA 33351 Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 2ND 2012 Dated ___ Signature of a member or authorized representative of a member SILVIA A PUCCIO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00