

L100000085298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

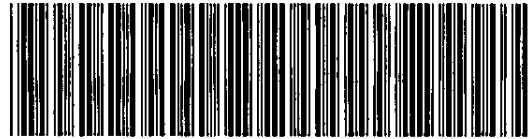
(Business Entity Name)

(Document Number)

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2014 OCT 30 AM 11:21  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

OCT 31 2014  
D. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Excel Sports Performance Florida 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:

Silvia Puccio

Name of Person

Firm/Company

11025 NW 39<sup>th</sup> St # 204

Address

Sunrise FL 33351

City/State and Zip Code

silviaesperformance@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia Puccio

Name of Person

at (770)

Area Code

335-3841

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

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TALLAHASSEE FLORIDA

**TO  
ARTICLES OF ORGANIZATION  
OF**

Excel Sports Performance Florida 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 08/16/2010 and assigned Florida document number L10000085298.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

Silvia Puccio

New Registered Office Address:

11025 NW 39<sup>th</sup> St # 204

Enter Florida street address

Sunrise

City

Florida

33351

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 605, 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Victor Barrick	307 Hamdon Kells	<input type="checkbox"/> Add
		Peachtree City GA	<input checked="" type="checkbox"/> Remove
		30269	

MGR	Benjamin Barrick	11025 NW 39 <sup>th</sup> St #204	<input type="checkbox"/> Add
		Sunrise FL 33351	<input checked="" type="checkbox"/> Remove

☐ Add

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SECRETARY OF STATE  
ALLAHUSSEIN FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/27/2014, 2014.



Signature of a member or authorized representative of a member

Silvia Puccio

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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