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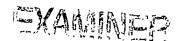
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11 JUN 27 AM H: 49

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN 2 8 2011



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sports in Pink 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:
Sarah Hickey Name of Person
Sports in Pink
1340 Covey Court
Venice F1 34293 City/State and Zip Code
Fashion Sortsing in Kom E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 223-5838 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \ \ \times \ \ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

Sports in Pink

941-223-5838

1340 Covey Court Venice, Fl 34293

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

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football i	n Rink	LLC	11 JUN 27 HIFEF 43	
(Name of the Limited Liz (A Flo	ibility Company as i orida Limited Liability	t now appears on our rec y Company)	ords.)	
The Articles of Organization for this Limited Liabi		filed on <u>11 - 22 - 2</u>	and assigned	
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of the South Single Pink The new name must be distinguishable and end with the "L.L.C."	LLC		gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl		Some o	as prior	
Enter new mailing address, if applicable:	<u></u>			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	Same	22 Prior	
B. If amending the registered agent and/or registered agent and/or the new-registered office		ddress on our records	, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida s	treet address	
, Florida				
_	City		Zip Code	
New Registered Agent's Signature, if changing Regi	istered 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 **Type of Action Title** <u>Name</u> <u>Address</u> X Remove Add Remove 🔲 Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June Dated_ e of a member Typed or printed name of signed Page 2 of 2

Fage 2 01 2

Filing Fee: \$25.00