eripts/efileovr.exe

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000277202 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address | |
|-------|---------|--|
| | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGACY SPORTS MANAGEMENT, LLC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25,00 |

of 2

DIVISION OF CORP MATION

10 DEC 28 AM 8: 27

H10000277202

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | i | |
|---|--|---|---------------------|
| LEGACY SPORTS MANAGEMENT | - | | |
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears (| on our records,) | |
| | | | |
| The Articles of Organization for this Limited Liability Company we | ere filed on | 11/23/2010 | _ and assigned |
| Florida document number L10000121889 | | | , |
| | | | |
| This amendment is submitted to amend the following: | | | • |
| A. If amending name, enter the new name of the limited liabilit | y compa <u>ny here</u> : | | |
| AUTHENTIC SPORTS MA | | | |
| The now name must be distinguishable and end with the words "Limited | | | 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) | | | ·- , u, |
| | | | |
| B. If amending the registered agent and/or registered offic | a adduser on ou | e encords onthe flat | name of the new |
| registered agent and/or the new registered office address here: | e annies on ou | i iceorus, <u>carca tue</u> | HAIRE OF CIC ROW |
| | | | |
| Name of New Registered Asset: | · · · · · · · · · · · · · · · · · · · | | TI A A |
| New Registered Office Address: | | | |
| | Estles | r Florida street addres | y |
| | | . Florida | |
|) | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| | | | |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet | to act in this cap s performance of | acity. I further agree I my duties, and I on | to comply with |
| accept the obligations of my position as registered agent as pro | vided for in Cha | pter 608, F.S. Or, if t | his document is |
| being filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | ldress, I hereby c | onfirm that the limite | d liability |

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 of Managing Member being added or removed from our records:

| | Name | Address | Type of Action |
|--------------|---|---|----------------|
| <u>_</u> | | | ₽ |
| , | · | | Add Remove |
| - | ## # Day 10 10 10 10 10 10 10 1 | | Add Remove |
| - | *************************************** | | |
| _ | | | |
| • | ** hills (parameter *) | | Ranove |
| rendi | ng any other information, en | ter change(s) here: (Attach additional shee | At Lower |
| | | | TO DEC |
| | 16 | | 2€ |
| | | 2010 | 28 AM 8 |
| De | ecember 28 | 2010 | |

Page 2 of 2

Filing Fee: \$25.00