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	(Requestor's Name)
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EXAMINER



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COVER LETTER

	on of Corporations			
SUBJECT:	HOOPS SF	PORTS BAR & GRILL LLC		
	Name o	f Limited Liability Company		
The enclosed A	ticles of Amendment and fee(s) a	are submitted for filing.		
Please return all	correspondence concerning this	matter to the following:		
		EESAN SUBRAMANIAM		
		Name of Person		
	KABAT SCHER	TZER DE LA TORRE TARABOULOS & CO	ZOII FEB	
		гини Сонграну	TEB-9 PM I	
	9	9400 S DADELAND BLVD 601		
		Address		
		MIAMI, FL 33156	PH 1: 40 SF STATE SFLORIDA	
		City/State and Zip Code		
	RTA E-mail add	RABOULOS@KSDT-CPA.COM ress: (to be used for future annual report notification)		
For further infor	mation concerning this matter, pl	ease call:		
ROBERT TARABOULOS Name of Person		at (305) 670-3370		
		Area Code & Daytime Telephone Number	:r	
Enclosed is a che	eck for the following amount:			
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Sta	tus Certified Copy Certifica (additional copy is enclosed) Certified	ate of Status &	
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		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOOPS SPORTS BAR & GRILL 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 L	iability Company were filed on	01/05/2011	and assigned	
Florida document numberL1100000				
	<u> </u>			
This amendment is submitted to amend the foll-	owing:		ASS	
A If a wording name automath, name and	- 64b - 1::4-d 1:-b:11:4-,		ma R	
A. If amending name, enter the new name o	the limited hability company nere	•		
The new name must be distinguishable and end wi	th the words "Limited Liphility Compar	w " the designation		
"L.L.C."	in the words. Enfined Elability Compar	ly, the designation	The of the apple viation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
D. If any and the second and the second		I4	. 41 6 41	
B. If amending the registered agent and/ registered agent and/or the new registered of		ur recoras, <u>ente</u> i	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida _		
	Citv	_	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 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 **Address** Title Name **Type of Action** MGR KAMALARANJITHAMALAR 3109 GRAND AVE ☐ Add MIAMI, FL 33133 Remove ☐ Add Remove ☐ Add **Ex**emove FEB. Add Remove ₽Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBRUARY 1 2011 Dated_ Koleut Toroloulo.
Signature of a member or authorized representative of a member ROBERT TARABOULOS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00