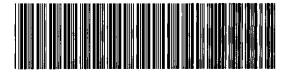
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(Address)					
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SECRETARY OF STATE DIVISION OF CURPORATION

T. HAMPTON

MAY 1 7 2011

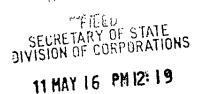
**EXAMINER** 

## **COVER LETTER**

ŢO;	Registration S Division of Co			
SUBJE	CCT: _	MP	Sports, LLC	
	•	Name of Lin	nited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		Katie Breslow		
			Name of Person	
Ame			an Realty Developmen	t, LLC
			Firm/Company	
23			1 Lucien Way, Suite 4	05
			Address	
E-mail address:			Maitland, FL 32751	
			City/State and Zip Code	
			kbreslow@ard.cc (to be used for future annual repo	rt notification)
For furt	her information of	concerning this matter, please	call:	
	Ka	atie Breslow	at (_407_)	333-1440 Ext. 118
	Name o	of Person	Area Code & I	Daytime Telephone Number
Enclose	d is a check for ti	he following amount:		
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/C	OURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

MP Sports, 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 \_ February 04, 2011 and assigned L11000015046 Florida document number 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) 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: New Registered Office Address: Enter Florida street address \_ , Florida \_

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.

City

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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Todd L. Borck	2430 Via Sienna Avenue Winter Park, FL 32789	Add Remove 
<u>MGR</u>	Jaison Heard	500 Seneca Maitland, FL_32751	Add Remove
MGR	Don'l Dease	110 Water Oak Lane Altamonte Springs, FL 32714	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 11 MAY 16 PM 12: 19
Dated	May 12,	2011	<i>U</i>
		ember or authorized representative of a member  Todd L. Borck Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00