

211000029566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

**A. LUNT**

MAY 25 2010

**EXAMINER**

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04/28/11--01010--014 \*\*25.00

FILED  
2011 MAY 24 PM 4:44  
CLERK OF COURT  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2011

BRYANT SMALLWOOD  
1001 SE 17TH STREET  
FORT LAUDERDALE, FL 33316

SUBJECT: CONCUSSION ENTERPRISES, LLC  
Ref. Number: L11000029566

We have received your document for CONCUSSION ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 111A00010690

## COVER LETTER

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

SUBJECT: **Concussion Enterprises, 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:

**Bryant Smallwood**

Name of Person

Firm/Company

**1001 SE 17th Street**

Address

**Fort Lauderdale, FL 33316**

City/State and Zip Code

**bryant@smallwoods.com**

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

For further information concerning this matter, please call:

**Bryant Smallwood**

Name of Person

at ( **954** )

**523-2282**

Area Code & 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Concussion Enterprises, 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 3/10/2011 and assigned  
Florida document number L11000029566.

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)

P.O. Box 460655

Fort Lauderdale, FL 33346

**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: Kain & Associates, ATTORNEYS AT LAW, P.A.

New Registered Office Address: 900 S.E. 3rd Ave, Suite 205

*Enter Florida street address*

Fort Lauderdale, Florida 33316

*City*

*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.*

*[Signature]*  
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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 CLERK OF DISTRICT COURT  
 JAILAN M. STEE-FLEISCHER

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change the address for all members to:  
P.O. Box 460655  
Fort Lauderdale, FL 33346

Dated April 21, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**Bryant Smallwood**  
 \_\_\_\_\_  
 Typed or printed name of signee