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(Re	questor's Name)	4
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(Cit	ty/State/Zip/Phon	e #)
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2011 AUG -8 PH SE 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG - 9 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		and the second s	
SUBJECT:	Laura Lar	ndow Sports LLC	
SUBJECT:		ted Liability Company	**************************************
	mendment and fee(s) are subdence concerning this matter	_	
		Laura Landow	
		Name of Person	
	Lau	ıra Landow Sports LLC	<u> </u>
		Firm/Company	
1414 Windm		4 Windmill Ridge Loop	
		Address	
	Orl	ando, FLORIDA 32828	3
•		City/State and Zip Code	
	E-mail address: (tazi51 @aol.com to be used for future annual repor	t notification)
For further information co	ncerning this matter, please of		, , , , , , , , , , , , , , , , , , ,
Lau	ıra landow	at (_407_)	658-5746
Name of	Person	Area Code & E	Paytime Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/CO	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

Laura Landow 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 Lia	bility Company were filed on	
Florida document number L110000072	760	7.0 78
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follow.	_	2011 AUG -8 PM 35 SECRETARY OF ST TALLAHASSEE. FLO
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "LLC or the appreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter the name of the new
Name of New Registered Agent:	4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	
New Registered Office Address:	ster Florida street address	
		, Florida
	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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	RICK LANDOW	1414 WINDMILL RIDGE LOOP ORLANDO, ELORIDA 32828	Add Remove
			Add Remove
<u>.</u>			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	ary.)
_			
 Dated	AUGUST 3,	2011 .	2011 SE(
<u></u>	Lama Lands	ber or authorized representative of a member	I AUG
\		LAURA LANDOW	E OF
	Тур	ed or printed name of signee Page 2 of 2	STATE LORIDA

Filing Fee: \$25.00