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FILED
15 JUN 15 PH 2: 25
16 JUN 15 PH 2: 25

J. HARRIS

### COVER LETTER

Division of Corporations
SUBJECT: SAES LOWED UMPIRING + EDUCATION 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:
JOHN BENNETT Name of Person
BASES LOOPED IMPIRING + EDUCATION LLC. Firm/Company
75 PONDER ALE.
SASSTA FL 3H232 City/State and Zip Code
JOHNSENETTS3 CHOTHAIL - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) H4-4785  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Solution Status Solution Status Solution Status Solution Status Solution Status Solution Solution Status Solutio

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAS LAWS UMP'NZ'NZ (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Cability Company)
The Articles of Organization for this Limited Liability Companiforida document number 1100094019.	y were filed on 8/16/11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oulity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	FOF S 1 A 1
Enter new mailing address, if applicable:	Su 2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	JOHN BENNETT
New Registered Office Address:	Enter Florida street address
	AZASOFA Florida 34232  City Zur 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 605, 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.

Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	CHRISTOPERS HOW	T 1278 DAK TRACE DR	<u>-</u> □ Add
		SAZASOA FL 34232	Remove
			Change
MGR	JOHN BENNETT	215 PONDER AVE.	Add
		SARASOA, FL 34232	☐ Remove
•			Change
MGP2	NICK SUBIE	5441 SW JUN DR	Add
		SARASOTA, FL 34235	□ Remove
			Change
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			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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