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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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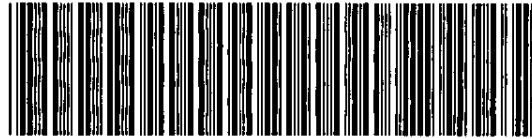
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELATIVE GOAL SPORTS MANAGEMENT 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:

STEVE CHRISTIE

Name of Person

RELATIVE GOAL SPORTS MANAGEMENT LLC

Firm/Company

6150 GULFPORT BLVD. 102

Address

GULFPORT FL 33707

City/State and Zip Code

stevechristie1888@gmail.com

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

For further information concerning this matter, please call:

Steve Christie

Name of Person

at (716) 818-8999

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:

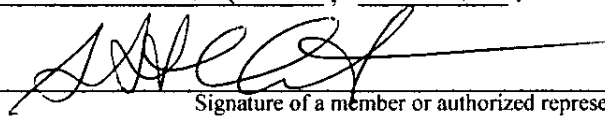
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RELATIVE GOAL SPORTS MANAGEMENT LLC

Page 1 of 3

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 14, 2014.



Signature of a member or authorized representative of a member

STEVE CHRISTIE, PRESIDENT

Typed or printed name of signee

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TALLAHASSEE, FLORIDA