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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 6ULFPORT BLVD. 102_ Address
GULFPORT FL 33707  City/State and Zip Code  SteveChristie 1888 and L. Com  E-mail address: (to be used for future annual report notification)
Stevechristie 1888 anail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Christie at (716) 818-8999  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \$55.00 Filing Fee & Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \$\Bigcup \text{\$55.00 Filing Fee & 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

## TO ARTICLES OF ORGANIZATION OF

RELATIUE GOAL SPORTS MANAGEONENT LLC

( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 01/24/2012	and assigned
Florida document number <u>L12000011444</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
RELATIVE 60AL SPORTS È The new name must be distinguishable and end with the words "Limited Liabili		
•	y company, and designation also or t	ini ucoro (union inizio)
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		4 4b
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	-	ter the name of the new
		SE Z
Name of New Registered Agent:		CRE CRE
New Registered Office Address:		ASS.
	Enter Florida street address	
	, Florida	
	City	Zip Gode
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.

If Changing Registered Agent, Signature of New Registered Agent

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Effective The effective the date	ve date, if other than the date of filing:
the date	ve date, if other than the date of filing:
the date	this document is filed by the Florida Department of State)  Novembee 14, 2614.
the date	this document is filed by the Florida Department of State)

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Filing Fee: \$25.00

SECRETARY OF STATE