LI2000 25755

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12 APR -2 MIII: 19
SUBBEJARY OF STATE
VALUAHASSEE, FLORION

D. BRUCE
APR 0 3 2012
EXAMINER

COVER LETTER

' 'Division of C				
SUBJECT:	Competitors	Edge Sports, LLC	;	
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	·	
Please return all corres	pondence concerning this matter	to the following:		
		Jeffrey D Juden		
		Name of Person		
	L	et's Rock Sports, LLC		•
		Firm/Company		
5440 N. Andrews Ave			FIL MPR-2	
		Address		ASS ASS
	Oa	akland Park, FL 33309	9	
		City/State and Zip Code		MIII:1
	je	effjuden@yahoo.com to be used for future annual repo		
			ort notification)	,
For further information	concerning this matter, please c	all:		
	effrey D Juden	at (772)	812-0879	
Name	e of Person	Area Code &	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &
Regis	LING ADDRESS: stration Section sion of Corporations	Registration	OURIER ADDRESS: Section Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Build		• •

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lets Roc	k Sports, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on	02/22/2012	and assigned	
<u> </u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
LET'S ROCK	K SPORTS, LLC			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	my," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		是 級	
			ASSI	
Enter new mailing address, if applicable:			TH-C	
(Mailing address MAY BE A POST OFFICE BOX)			FIGRIDA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u> </u>		, 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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			· Add
			Remove
			C Damana
			Add Remove
			Add Remove
·	· · ·		Add Remove
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessor	ary.)
 			APR-2
			of Silvate
Dated	3/28/12	D. M.	y- .
	/ <i>F</i> ~	Jeffrey D Juden ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00