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EXAMINER

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COVER LETTER

SUBJECT: Climax Sports 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:
Juan Pablo Lopez Name of Person
Climax Sports LLC
304 Indian Trace. Svita#219 3 7
Weston, FL 33326 City/State and Zip Code info Oclimar bike tours. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuan Pablo Wpaz at 305, Zos 8243 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Status Status Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Climal 5 Po	its LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears Limited Liability Company)	on our records,)
The Articles of Organization for this Limited Liability (Florida document number L 120 000 54)	Company were filed on	24 12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here	:
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		28 28 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Principal office address MUST BE A STREET ADD)	RESS)	ZAPR
	 	20 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ma z m
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	r 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 Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Title **Type of Action** <u>Name</u> **Address** Llamas Lilian □ Add Remove amos Vivian Add Remove ☐ Add ☐ Remove Add [Remove ∏Ædd Remove PP. Remove Š D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated 4-25-12 Signature of a member-or-authorized representative of a member Pablo Juan Typed or printed name of signee

If amanding the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00