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09/10/12--01044--026 **25.00

C. LEWIS
SEP 11 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sports HEART 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:		
THOMAS CAPGILL Name of Person		
SPORTS HEART LLC Firm/Company		
101 S. EOLA DR. #521 Address		
City/State and Zip Code ton_cargill@ms.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
THOMAS CARGILL at (404) 808-9156 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 SEP 10 AM IÜ: 34

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

(4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	- 11 C
(Name of the Limited Liability Compan	y as it now appears on our records.)
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v. Florida document number	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
SPORTSHEART	LLC
SPORTS HEART The new name must be distinguishable and end with the ways "Limite" "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	NO CHANGE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NO CHANGE
B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:	NO CHANGE
New Registered Office Address:	Enter 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Title** Name **Address** ☐ Add CHANGEZ Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 2012 Signature of a member or authorized presentative of a member ARGIL HOMA S

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00