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(Re	equestor's Name)
(Ad	ldress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
<u>.</u>	Office Use Only



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EXAMINER

COVER LETTER

10:	-	n of Corpo				
SUBJE	СТ: _	BLICK	SPORTS & EN	TERTAINMENT, LLC	<u>2</u>	
The enc	losed A	rticles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please r	cturn al	l correspond	ence concerning this matter	to the following:		
			Viviane Bli	nckensderfer Name of Person	And the second s	
			BLICK SPORTS	Firm/Company	LC	
			3812 GUNN H	IGHWAY Address		
			TAMPA FL Istephense	3368 City/State and Zip Code Cocpas, Come to be used for future annual report notifications.	in the second se	11
For furt	ther info	rmation con	E-mail address: (one cerning this matter, please can		•	1
_ <u>V</u> i	vian	Name of I	Kensderfer Person	at (<u>813</u>) <u>931 - O</u> Area Code Daytime	4	
Enclose	ed is a c	heck for the	following amount:			
\$25	5.00 Fili	ng 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)	
	-	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

A. If amending name, enter the new name of the limited liability company here: BLICK SPORTS & ENTERTAINMENT, L.C. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	BLICK SPORTS & (Name of the Limited Liability (A Florida	ENTERTAINMENT LAW, LLC ty Company as it now appears on our records.) Limited Liability Company)
A. If amending name, enter the new name of the limited liability company here: BLICK SPORTS 4 ENTERTAINMENT, L.C. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	This amendment is submitted to amend the following:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida	BLICK SPORTS & ENTERTA	INMENT, LLC
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	• • • • • • • • • • • • • • • • • • • •	(ESS)
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida	Enter new mailing address, if applicable:	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida	(Mailing address MAY BE A POST OFFICE BOX)	
New Registered Office Address: Enter Florida street address , Florida		stered office address on our records, enter the name of the new
Enter Florida street address, Florida	Name of New Registered Agent:	
	New Registered Office Address:	Enter Florida street address
City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	Nam Danistanad Amerika Cimpatona if about a Danish	•

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

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

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BLICKENSDERFER, DAM	3812 GUNN HIGHWAY	
		3812 GUNN HIGHWAY ТАМРА FL 33618	Remove
			☐ Remove
			□ Add
			SS T
			27
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the date this do	te, if other than the ne must be specific, can be be specific to the cument is filed by the F	Florida Department of S	receipt or filed date an state)	d cannot be more than	(optional) 90 days after	
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	9/	Viane	BLicken ed or printed name of	sdelte 1		

Page 3 of 3

Filing Fee: \$25.00