Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN

(CLEARWATER)

Account Number : 071005001001

Phone Fax Number

: (727)441-8966 : (727)442-8470

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Popil Address:	•		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPORTS ENTERTAINMENT AND RECREATION MANAGEMENT,

EDC	
Certificate of Status	1
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COVER LETTER

TO:

Registration Section Division of Corporations

SPORTS ENTERTAINMENT AND RECREATION MANAGEMENT, LLC

SUBJECT:

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:

David R. Phillips

Name of Person

Macfarlane Ferguson & McMullen

Firm/Company

625 Court Street, Suite 200

Address

Clearwater, FL 33756

City/State and Zip Code

drp@macfar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Phillips, Esq.

_{.,,727}、441-8966

Name 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 U\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐\$60.00 Filing Fee, Certificate of Status & 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

OF SPORTS ENTERTAINMENT AND RECREATION MANAGEMENT, LLC (Name of the Limited Limitity Company as it now appears on our records.)

(A II	orida Ethnica Elability Company)	· · · · ·
The Articles of Organization for this Limited Liab	ility Company were filed on 10/03/12	and assigned
Florida document number L12000126436		
Tronge door inche indiriori		\sim
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
Sports Facilities Advisory Management,	LLC	•
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the design	mation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	•	
B. If amending the registered agent and/or		, enter the name of the new
registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	. Fl	orida
	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.

MGR = Manager

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:

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		····	
			Add F
			Remove
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	
		_	Add
			 -
			Remove
			Add
			Remove
			
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated	
<u></u>	1 Donas
	Signature of a member or authorized representative of a member
	David R. Phillips, Esq.
	Typed or printed name of signec

Page 3 of 3 Filing Fee: \$25.00