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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HALF TIME SPORTS LOUNGE LLC

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**EXAMINER** 

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FAX	$\cup \cup$	VER	ЭΓ	

ТО	, , , , , , , , , , , , , , , , , , ,	
COMPANY		
FAX NUMBER	18506176383	
FROM	Tony Burroughs	
DATE	2012-10-30 07:01:10 PDT	
RE	FL SOS - LZ order # 504926267	

### COVER MESSAGE

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# COVER LETTER

Division of Corporations						
SUBJECT: HALF TIME SPORTS LOUNGE LLC						
(Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all con espondence concerning this matter to the following:						
Barbara Dang						
(Nume of Person)						
Legalzoom.com, Inc.						
(Firm/Company)						
100 W. Broadway Suite 100						
(Address)						
Glendale, CA 91210						
(City/Stale and Zip Code)						
For further information concerning this matter, please call:						
Barbara Dang at ( 323 ) 962-6600						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ S55.00 Filing Fee &	d)					

VIAILING ADDRESS: Registration Section Obvision 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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALF TIME SPORTS LOUNGE	ELLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit Florida document number <u>L12000131897</u>		
This amendment in submitted to amend the following	;:	
A. If amending pame, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ds, enter the name of the new
Name of New Registered Agent:	· .	
New Registered Office Address:	(Enter Florida street address)	
	, Florida	
_	(City)	(Zip Code)
New Registered Apent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	rand complete performance of my dut Lagent as provided for in Chapter 60: Tered office address, I hereby canfirm	ties, and I am familiar with and 8, F.S. Or, if this document is
	(If Changing Registered Agent, Signatu	ire of New Registered Agent)

Page 1 of 2

MGR = Manager

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

MCRM = Managing Member Title Name Address Type of Action MGRM RI:NE VARNADO 19014 BRUCE B. DOWNS ∏ Add **TAMPA FL 33647** JZ Remova ∏ Add Remove ∏Add 🗌 Remove \_\_.Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member CARLOS MCCAIN Typed or printed name of signed Page 2 of 2 Filing Fee: \$25.00