

L13000045964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

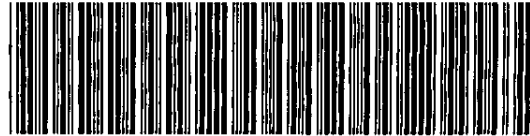
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 1 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S.P.E.A.R. Athletics 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:

Francisco Gonzalez  
Name of Person

Spear Athletics LLC  
Firm/Company

1406 Travertine Terrace  
Address

Sanford FL 32771  
City/State and Zip Code

info@spear1am.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francisco Gonzalez at (407) 221 5986  
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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)

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

S.P.E.A.R. Athletics LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/28/2013 and assigned  
Florida document number L13000045964

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

NA  
PO BOX 420  
SANFORD FL 32711  
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TALLAHASSEE FLORIDA

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:

NA  
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.

NA  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
UGRM	Francisco Gonzalez	1406 Travertine Ter Sanford FL 32771	Add Remove
MGR	Matthew Garyn	1406 Travertine Ter Sanford FL 32771	Add Remove
MGR	Eric Carillo name spelled correctly u.	1406 Travertine Ter Sanford FL 32771	Add Remove Change WM
			Add
			Remove
			Add
			Remove
			Add
			Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

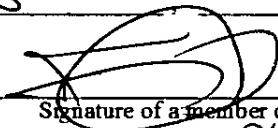
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Reasoning for this amendment is  
to correct the designations and  
change the Managers name to be  
spelled correctly

Dated 4/25/2013



Signature of a member or authorized representative of a member

Francisco Gonzalez

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA