

L13000064 M3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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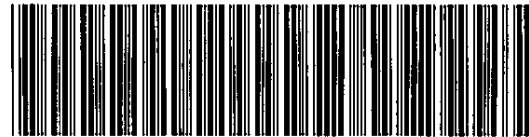
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 19 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAME DAY READY

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:

CHRISTOPHER M FITZPATRICK

Name of Person

GAME DAY READY

Firm/Company

2519 N MCMULLEN BOOTH RD STE 510

Address

CLEARWATER, FL 33761

City/State and Zip Code

CFITZ@GAMEDAYREADY.COM

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

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14 SEP 15 11:10:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

CHRISTOPHER M FITZPATRICK at (727) 709-5652

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 ☐ \$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**

BALLBUSTERS MASCOT & LOGOS, 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 MAY 1, 2013 and assigned
Florida document number L13000064173.

This amendment is submitted to amend the following:

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

Gameday Ready, LLC
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:

2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761

(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:

CHRISTOPHER FITZPATRICK

New Registered Office Address:

2519 N MCMULLEN BOOTH RD STE 510

Enter Florida street address

CLEARWATER

City

Florida 33761

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	JAMES A FITZPATRICK	2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MR	ANTHONY G FITZPATRICK	2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MR	STEVE RECTOR	2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MR	CHRISTOHER M FITZPATRICK	2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
14 SEP 15 2010
TALLAHASSEE, FL 32304
SECRET

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

THIS AMENDMENT INCLUDING NAME CHANGE AND ADDRESS CHANGES,
WILL AUTOMATICALLY SUPERSEDE ALL SUBSEQUENT CORPORATE
DOCUMENTS AND AGREEMENTS CURRENTLY IN PLACE WITH VARIOUS ENTITIES.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **SEPTEMBER 10**, **2014**

Signature of a member or authorized representative of a member

CHRISTOPHER M FITZPATRICK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 SEP 16 10:03
SECRETARY
TALLAHASSEE