

L13000146220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

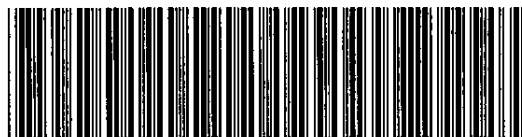
(Business Entity Name)

(Document Number)

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14 MAY 27 AM 9:39
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORLDWIDE SPORTS GROUP, 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:

BRYAN A. VAN DER RIET
Name of Person

Firm/Company

6909 HELMSLEY CIRCLE
Address

WINDERMERE FL 34786
City/State and Zip Code

BRYANVDR@WORLDWIDESPORTSGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN A. VAN DER RIET at (407) 463 - 8861
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

WORLDWIDE SPORTS GROUP 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 10/17/2013 and assigned Florida document number L13000146220.

This amendment is submitted to amend the following:

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

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)

1355 ERROL PARKWAY

APOKA, FL 32712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1355 ERROL PARKWAY

APOKA, FL 32712

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:

BRYAN A. VAN DER RIE

New Registered Office Address:

6909 HELMSLEY CIRCLE

Enter Florida street address

WINDERMERE

City

Florida

34786

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> |
|--------------|-----------------------|-------------------------|--|
| MGRM | PATRICK DAoust | 1065 LAKE FRANCIS DRIVE | <input type="checkbox"/> Add |
| | | APOPKA, FL 32712 | <input checked="" type="checkbox"/> Remove |
| MGRM | BRYAN A. VAN DER RIET | 6909 HEWISLEY CIRCLE | <input checked="" type="checkbox"/> Add |
| | | WINDERMERE, FL 34786 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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SEAL OF THE
STATE OF FLORIDA
MAY 27 1993
TALLAHASSEE, FLORIDA

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

Please add BRYAN A VAN DER RIET as the
only MGRM and remove PATRICK DAoust.

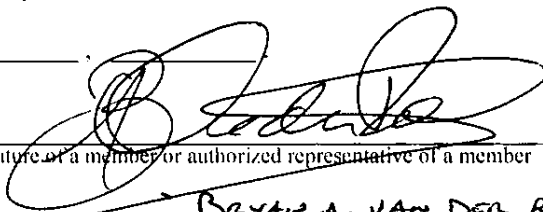
E. Effective date, if other than the date of filing: _____ (optional)

(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

May 8th 2014

Signature of a member or authorized representative of a member



BRYAN A. VAN DER RIET

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAY 27 AM 9:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA