

L13000167978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

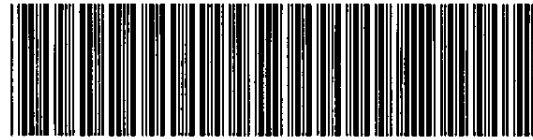
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers NOV 26 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gables Sportech 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:

VANNY VERAS

Name of Person

GABLES SPORTECH LLC

Firm/Company

3906 SW 8 ST

Address

CORAL GABLES FLORIDA 33134

City/State and Zip Code

GABLESSPORTECHGMAIL.COM

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

For further information concerning this matter, please call:

VANNY VERAS

786 360-5983

Name of Person

at ()

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**

GABLES SPORTECH 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 12/04/2013 and assigned Florida document number L13000167978.

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:

3906 SW 8 STREET

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FLORIDA

33134

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

3906 SW 8 STREET

Enter Florida street address

CORAL GABLES

City

Florida

33134

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

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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

Title Name Address Type of Action

_____	_____	_____	<input type="checkbox"/> Add
_____	N/A	_____	<input type="checkbox"/> Remove
_____		_____	_____
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	_____

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

PLEASE FIX MY TITLE

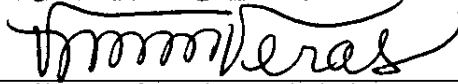
VANNY VERAS TITLE VICE PRESIDENT & TREASURE

3906 SW 8 STREET CORAL GABLES,FLORIDA 33134

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 November 04, 2014.



Signature of a member or authorized representative of a member

Vanny VERAS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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