## L14000031439

| (Re                     | equestor's Name)   |             |
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| (Ac                     | ddress)            |             |
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| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT WAIT          | MAIL MAIL   |
| (Bu                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
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**S Warren** AUG 1 5 2016

## PEPPLE CANTU SCHMIDT PLLC

1000 Second Avenue, Suite 2950, Seattle, WA 98104

Jeffrey C. Steinert (206) 625-9984 Direct Jsteinert@pcslegal.com

August 8, 2016

Florida Department of State PO Box 6327 2661 Executive Center Circle Tallahassee, FL 32301

Re: Independent Sports Association LLC - Doc ID No.: L14000031439

Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment to Articles of Organization of Independent Sports Association LLC, along with our check in the amount of \$25.00 to cover the filing fee.

If you have any questions, please do not hesitate contacting me.

Very truly yours,

Jeffrey C. Steinert

Administrator

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |  |
|--|--|---|--|--|
| INDEPENI<br>SUBJECT:                   | DENT SPORTS ASSOCIATIO                       | ON LLC  |  |  |
| SUBJECT:                               |  | ited Liability Company  | ·  |  |
|  | Amendment and fee(s) are sub-                | _   |  |  |
| riease return all correspo             | ondence concerning this matter               | to the following:   |  |  |
|  | Jeffrey C. Steinert                          |   |  |  |
|  | ······································       | Name of Person  |  |  |
| Pepple Cantu Schmidt PLLC              |  |   |  |  |
|  |  | Firm/Company  | <del></del>  |  |
|  | 1000 2nd Avenue, Suite 29                    | 950   |  |  |
|  |  | Address   |  |  |
|  | Seattle, WA 98104                            |   |  |  |
|  |  | City/State and Zip Code   |  |  |
|  | JSTEINERT@PCSLEGAL                           |   | <del></del>  |  |
|  | _  | to be used for future annual report notific                         | cation)  |  |
| For further information of             | oncerning this matter, please ca             | all:  |  |  |
| Jeffrey C. Steinert                    |  | 206 625-9984<br>at ()   |  |  |
| Name o                                 | f Person                                     | Area Code Daytime   | Telephone Number   |  |
| Enclosed is a check for the            | he 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

| INDEPENDENT SPORTS ASSOCIATION LLC  |  |                 |                 |           |
|---|--|-----------------|-----------------|-----------|
| (Name of the Limited Liability Co<br>(A Florida Limi  | mpany as it now appears on our records.) ited Liability Company) |                 |                 |           |
| The Articles of Organization for this Limited Liability Comp  | nany were filed on February 20, 2014                             | _ <del></del> _ | and ass         | signed    |
| Florida document number L14000031439  |  |                 |                 |           |
| 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 contain the words "Limited L   | iability Company," the designation "LLC" or th                   | e abbrev        | iation:"L       | L.C."     |
| Enter new principal offices address, if applicable:   | 2430 Estancia Boulevard, Suite 114                               |                 | •50<br>. 15<br> | 3 H       |
| (Principal office address MUST BE A STREET ADDRESS  | Clearwater, FL 33761   |                 | q#              | 9<br>9    |
|   |  | 1771-K          | 13              | m         |
|   |  | E S             | 7               | O         |
| Enter new mailing address, if applicable:   |  | ORI             | <b>₩</b>        |           |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | >               | φ.              |           |
| Truming same cis mili 207110010111020010  | ,  |                 |                 |           |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address |  | ter the         | name            | of the ne |
| Name of New Registered Agent: Trustee and   | d Corporate Services, Inc.                                       |                 |                 |           |
| New Registered Office Address: 2430 Estan   | ncia Boulevard, Suite 114  |                 |                 |           |
|   | Enter Florida street address                                     |                 |                 |           |
| Clearwater  | , Florida  | 33761           |                 |           |
| <del></del>   | 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 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 Jeffrey Steinert, VP If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>        | Name            | Address                 | Type of Action             |
|---------------------|-----------------|-------------------------|----------------------------|
| AMBR                | Don Stratton    | 115 E Van Fleet Dr #339 | Add                        |
|                     |                 | Bartow, FL 33830        | ■ Remove                   |
|                     |                 |                         | Change                     |
| MGR William E. Ruth | William E. Ruth | 19400 108th Avenue SE   |                            |
|                     |                 | Kent, WA 98031          | □ Remove                   |
|                     |                 |                         | ☐ Change                   |
| AMBR                | Mike Caldwell   | 144 Riverchase Road     | Add                        |
|                     |                 | Sylva, NC 28779         | ☐ Remove                   |
|                     |                 |                         | ☐ Change                   |
|                     |                 |                         |                            |
|                     |                 |                         | □ Remove                   |
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|                     |                 |                         | Remove  Change             |
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|   | rmation, enter change(s) here: (Attach additional sheets,   | y necessary.                        |
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| an effective date is listed, the date lote:  If the date inserted in the ocument's effective date on the locument's effective date. | e must be specific and cannot be prior to date of filing or more than 90 day also block does not meet the applicable statutory filing requirement he Department of State's records. | its, this date will not be listed a |
| e record specifies a dela<br>The 90th day after the   | ayed effective date, but not an effective time, at 12 record is filed.  | 1101 a.m. on the earlier            |
| ated August 1   | 2016  |                                     |
| <del></del>   | Signature of a member or authorized representative of a member  | 22                                  |
| William E. Ruth, M  | Aanager   | SA 5                                |
|   | Typed or printed name of signee   | - T                                 |
|   |   | F STATE                             |
|   | Page 3 of 3   | 85 %<br>80 %                        |

Filing Fee: \$25.00