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B. BOSTICK NOV **2 4** 2014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sports 5top LC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.	Ž Š	
Please return all correspondence concerning this matter to the following:		•
Karen A Trowell Name of Person	1	
Sports 5top LLC Firm/Company		•
Loas E main St- Address		
Lake Butler FL 32054 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	7 S. 28	
For further information concerning this matter, please call:	A NO	T
Name of Person Area Code Daytime Telephone Number	2814 NOV 17 A	- [1]
Enclosed is a check for the following amount:	1989 1989 1989 1989 1989	Ü
(additional copy is enclosed) Certified (e of Status & 🧗	

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

The Articles of Organization for this Limited Liability Company were filed on 05-06-2014 and assigned Plorida document number 4000074223. 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 "LLC onter 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) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Tip Code	Sports Stop LLC	ony as it now appears on our reco	rds,)
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 "LLC or the abbreviation "LLC". 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code	(A Florida Limited I	Liability Company)	Andrews /
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 "LLC" or the a	The Articles of Organization for this Limited Liability Company	were filed on 05-06	o - 2014 and assigned
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The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS	This amendment is submitted to amend the following:		**************************************
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Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX Solid	The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "l	"LC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX Solution Document	Enter new principal offices address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX Solution	(Principal office address MUST BE A STREET ADDRESS)		Σσ 22
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code		<u> </u>	
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code			
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B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Zip Code			
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3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City: Zip Code			<u> </u>
Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Zip Code			
New Registered Office Address: Enter Florida street address	registered agent and/or the new registered office address her	<u>e</u> :	ŧ
New Registered Office Address: Enter Florida street address			
Enter Florida street address	Name of New Registered Agent:		
	New Registered Office Address:		
City Zip Code		Enter Florida street addi	ress
,			Florida
New Registered Agent's Signature, if changing Registered Agent:		City	Zip Code
	New Registered Agent's Signature, if changing Registered Agent:	.	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w	hereby accept the appointment as registered agent and agr	ee to act in this capacity, I	further agree to comply with th
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a	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 documen Being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability			

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

13350 5W 827 path Add Lake Butler, FL 32054 Remove
Add Remove
A Remove
A Remove
A COLUMN ACTION
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Remove
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- Aut
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ffective date, if other than the date effective date must be specific, cannot be date this document is filed by the Florid	be prior to date of receipt or filed date and e	(optional) annot be more than 90 days after
nted 11/25/2014	,	
Xau O Sig	gnature of a member or authorized represe	ntative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE