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J. Shivers OCT 2.9 2000

COVER LETTER

	sion of Corp Palm Harl	bor University Hockey (Club, LLC	
SOBJECT		Name of Limit	ed Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return a	ıll correspon	dence concerning this matter to	o the following:	
		Michael Celona		
			Name of Person	
			Firm/Company	
		10005 Fogg Lane		
			Address	
		New Port Richey, FI	34654	
			City/State and Zip Code	
		mcelona4@gmail.com	lobe used for future annual report notific	eation)
For further inf	ormation co	ncerning this matter, please cal	k:	
Michael ce	elona		at (<u>727</u>) 869-6424 Daytime	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
,	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Harbor University Hockey Club, 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 and assigned Florida document number L14000126590
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Palm Harbor Hockey Club, 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:
(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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:
New Registered Agent's Signature, it 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			☐ Remove
			. <u></u>
			□ Add
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			Add
			Remove
			
			Add
			□ Remove

If amending any other information, enter c	change(s) here:	(Attach additional she	eets, if necessary.)
			v
	····		
Effective date, if other than the date of filin (The effective date must be specific, cannot be prior to d the date this document is filed by the Florida Department	late of receipt or file	ed date and cannot be more t	(optional) han 90 days after
Dated October 23	2014		
Mad Celeva	21		
/	member or author	ized representative of a mer	nber
Michael Celona			
	Tunad or printed	name of signee	

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Filing Fee: \$25.00

SECKETARY OF STANKE SECONDAIN