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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
PALLAHASSIE, FLORIO

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COVER LETTER

TO:	Registration S Division of Co			· 1.
CUDIE	BSF Sp	orts Lliasons LLC		
SUBJE	U]; <u></u>	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Timothy Sutton		
		***************************************	Name of Person	
			Firm/Company	
		1272 Gembrook Ct		
			Address	
		Royal Palm Beach,	FL 33411	
			City/State and Zip Code	
		bsfsportsliasonsllc@	_	
		E-mail address: (to be used for future annual report notif	ication)
For furt	ner information	concerning this matter, please c	all:	
Timot	hy Sutton		561 3133522	
	Name	of Person	Area Code Daytime	Telephone Number
Enclose	d 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

(A Florida Limited	iny as it now appears on o Liability Company)	<u>ur records.</u>)		
Liability Company	were filed on 11/25/	2014	and ass	signed
lowing:				
of the limited liab	ility company here:			
words "Limited Liah	oility Company," the design	ation "LLC" or the	abbreviation "	L.L.C."
cable:	n/a			,,,,
ET ADDRESS)			· · · · · · · · · · · · · · · · · · ·	
				
	n/a			
(BOX)				
		records, enter	the name SECR	of the
			20 0	: ‡
	E. L. Elanda at		S 5	Chemina in
	Enter r tortaa str	. Florida	** S	Common of the co
	City		⇔ Zip Code	** ** ** ** ** ** ** ** ** ** ** ** **
Registered Agent				
	lowing: of the limited liab cable: ET ADDRESS) // BOX) // or registered of fice address her	Liability Company were filed on 11/25/	lowing: Of the limited liability company here: E words "Limited Liability Company," the designation "LLC" or the cable: In/a In/	Indicate the limited liability company here: Second Sec

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>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	***************************************		Add
			☐ Remove
			Add
			_ □ Remove
			Add
			□ Remove
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			Remove 14 DB
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			☐ Remove

amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessa
, <u> </u>	
** *** * * * * * * * * * * * * * * * * *	
ffective date, if other than	the date of filing: (optional cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ne date this document is filed by the	
. , 12/12	2014
ated 12/12	J- 0A-
	Signature of a member or authorized representative of a member
Timothy Suttor	1
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALL AHASSEF, FLORIC