

L15000039321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

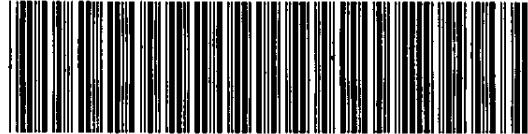
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 26 2015  
S. YOUNG

LAW OFFICES  
ADAMS, ROTHSTEIN & SIEGEL, P.A.

SIMON D. ROTHSTEIN  
SETH L. ROTHSTEIN  
LIANA ROTHSTEIN HOOD

JOHN R. ADAMS (1889-1969)  
A. H. ROTHSTEIN (1906-1985)  
EDWARD SIEGEL (RETIRED)

4417 BEACH BOULEVARD, SUITE 104  
JACKSONVILLE, FLORIDA 32207  
PHONE (904) 398-1419  
FAX (904) 398-1395

March 5, 2015

Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Sublime Sportz, LLC

Dear Ladies and Gentlemen:

Enclosed are the original Articles of Amendment to Articles of Organization of Sublime Sportz, LLC and a \$25.00 check drawn on the firm's trust account issued payable to the Secretary of State for payment of the filing fee.

If you have any questions, please call.

Sincerely,

  
Simon D. Rothstein

SDR/kmm  
Enclosures

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUBLIME SPORTZ, 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:

SIMON D. ROTHSTEIN, ESQ.

Name of Person

ADAMS, ROTHSTEIN AND SIEGEL, P.A.

Firm/Company

4417 BEACH BLVD., SUITE 104

Address

JACKSONVILLE, FLORIDA 32207

City/State and Zip Code

SKIPLAW@ARSJAXLAW.COM

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

For further information concerning this matter, please call:

SIMON D. ROTHSTEIN

Name of Person

at 904 398-1419

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

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15 MAR -9 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SUBLIME SPORTZ, 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 MARCH 3, 2015 and assigned  
Florida document number L15000039321.

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:

**(Principal office address MUST BE A STREET ADDRESS)**

9388 COXWELL LANE

JACKSONVILLE, FLORIDA 32221

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

9388 COXWELL LANE

JACKSONVILLE, FLORIDA 32221

**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*

Florida

*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**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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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.)*

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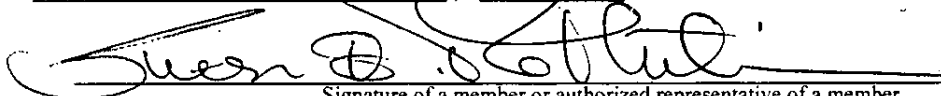
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 MARCH 5, 2015



Signature of a member or authorized representative of a member

SIMON D. ROTHSTEIN, ESQ.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA