

L15000061003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

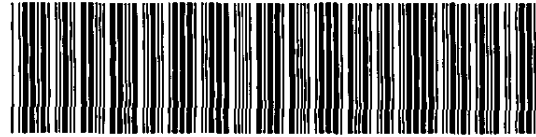
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF BUSINESS REGISTRATION

15 APR 27 PM 4:38

NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2015 APR 27 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2015
J. CRUICK

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 603675 7466316

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : April 24, 2015

ORDER TIME : 2:17 PM

ORDER NO. : 603675-005

CUSTOMER NO: 7466316

DOMESTIC AMENDMENT FILING

NAME: VARSITY BASKETBALL TRAINING,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: _____

STATE OF FLORIDA
TALLAHASSEE

2015 APR 27 PM 12:05

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Varsity Basketball Training, 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:

Keyon Carter

Name of Person

Firm/Company

450 Ocean Drive, Apt 1006

Address

Juno Beach, FL 33408

City/State and Zip Code

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

For further information concerning this matter, please call:

Keyon Carter

Name of Person

at (404) 861-0847

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2015 APR 27 PM 12:05

FILED

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

Varsity Basketball Training, 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 April 7, 2015 and assigned
Florida document number L15000061003.

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:

450 Ocean Drive, Apt 1006

(Principal office address MUST BE A STREET ADDRESS)

Juno Beach, FL 33408

Enter new mailing address, if applicable:

450 Ocean Drive, Apt 1006

(Mailing address MAY BE A POST OFFICE BOX)

Juno Beach, FL 33408

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

FILED
2015 APR 27 PM 10:05
CLERK OF CIRCUIT COURT
JUNO BEACH, FL 33408

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
			<input type="checkbox"/> Remove
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2015 APR 27 PM 12:05
 CLERK OF DISTRICT COURT
 JAMES H. HARRIS, JR.
 1000 N. GADSDEN ST.
 SUITE 100
 TAMPA, FL 33602

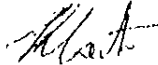
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 April 21, 2015



Signature of a member or authorized representative of a member

Keyon Carter

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 APR 27 PM 12:05
CLERK OF DISTRICT
TALLAHASSEE FLORIDA