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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

SUBJECT: EIT SPORTS 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:	
BARRY A. MORROW  Name of Person	
Name of Person	
EIT SPORTS LLC Firm/Company	
Firm/Company	
1170 TREE SWALLOW DR # 144	
Address	
WINTER SPRINGS, FL 32708 City/State and Zip Code	
BARRY = EITSPORTS, COM  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
BARN A. MORROW at (407) 655. 8690  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

EIT SP	ORTS LLC					
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		<del></del>			
The Articles of Organization for this Limited Liab	ility Company were filed on 12.14.13	<u>5</u> an	d assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the	he limited liability company here:					
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation	on "L.L.C."			
Enter new principal offices address, if applicab	le:					
(Principal office address MUST BE A STREET.	ADDRESS)		<del> </del>			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO	<u> </u>					
0 0	registered office address on our records, e	nter the na	ੌਂ me of the ne			
registered agent and/or the new registered offic	ce address here:		EC 2			
Name of New Registered Agent:			<u> </u>			
New Registered Office Address:		<u> </u>				
	Enter Florida street address	VIBA	05			
	, Florid		7 7			
	City	Zip (	iode .			

## 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** BARRY A. MORROW 1170 TREE SWALLOW DR. #144 MGR WINTER SPRINCS, FL 32708 □ Remove CHANGE TITUE TO MGR. MChange DRIGINALY FILED AS PRESIDE NT □ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add \_□ Remove □ Change ☐ Add ☐ Remove ☐ Change

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The	
16r	
Signature of a member or authorized representative of a member	
RADY A MARRAY	
BARNY A. MORROW  Typed or printed name of signee	

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Filing Fee: \$25.00