

U500021050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300286274353

05/31/16--01022--012 **25.00

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAY 31 PM 5:53

JUN 06 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JSM 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:

Jamie McGuinness
Name of Person
Firm/Company
5311 Sanderling Ridge Drive
Address
Lithia, Florida 33547
City/State and Zip Code
jamie_macca@hotmail.co.uk
E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FL
16 MAY 31 PM 5:53

For further information concerning this matter, please call:

Jamie McGuinness at (813) 418-9907
Name of Person 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

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

JSM Sports, 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 December 18, 2015 and assigned Florida document number L15000210150.

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 contain 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

_____, 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 STATE SECRETARY OF FLORIDA
16 MAY 31 PM 5:53
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Steven McGuinness	5311 Sanderling Ridge Drive	<input type="checkbox"/> Add
		Lithia, Florida 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Peter Mellor	820 Spanish Drive South	<input type="checkbox"/> Add
		Long Boat Key, Florida 34228	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	

FILED OF STATE
 SECRETARY OF FLORIDA
 TALLAHASSEE, FLORIDA
 16 MAY 31 PM 5:53

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

Multiple horizontal lines for amending information.

FILED STATE SECRETARY OF TALLAHASSEE, FLORIDA 16 MAY 31 PM 5:53

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 26, 2016

Handwritten signature of Jamie McGuinness

Signature of a member or authorized representative of a member

Jamie McGuinness

Typed or printed name of signee