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SECRETARY OF STATE
TALLAHASSEE, FLOUIDA

APR 2 1 2016 S. YOUNG

COVER LETTER

	Registration Sec Division of Corp			•	
SUBJEC		hem Rugby League LLC			
		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	•		
		William Neilson			
			Name of Person	,	
		Tampa Mayhem Rugby L	eague LLC		
			Firm/Company		
		13151 Royal George Ave			72
			Address	· · · · · · · · · · · · · · · · · · ·	16 MAR 20
		Odessa, FL 33556			# 5 S
		City/State and Zip Code			0 %-
		bneilson@mayhemrl.com	(to be used for future annual rep	- de differencia de la constanta de la constan	# 2
For furthe	er information co	oncerning this matter, please o		ort nounceation)	MAR 20 PH 2: 17
William	Neilson		352 219-0	234	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the	e following amount:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	**** \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &

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

Tampa Mayhem Rugby League LLC		
(Name of the Limited	I Liability Company as it now appears on our r A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia	bility Company were filed on 12/24/15	and assigned
Florida document number L15000212596	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	·····
(Principal office address MUST BE A STREET	'ADDRESS)	3 20
	**************************************	3 28
		R 20
Enter new mailing address, if applicable:		mor
(Mailing address MAY BE A POST OFFICE B	<u> </u>	7
	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi		cords, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street o	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 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 **Title** Name <u>Address</u> **Type of Action** Gillian Payne **AMBR** 55 Hobart Ave ___ **a** Add Umina Beach NSW 2257 □ Remove Australia Change **AMBR** Matt Payne :55 Hobart Ave Add Umina Beach NSW 2257 - Ghange Australia _□ Remove ☐ Change ☐ Add ☐ Remove Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

Dan Slagle 25% ownership	
Chris Dickenson 25% ownership	, , , , , , , , , , , , , , , , , , , ,
Gillian Payne 12.5% ownership	
Matt Payne 12.5% ownership	
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	PH 22
ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to date of filing or more If the date inserted in this block does not meet the applicable statutory filing re nent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	equirements, this date will not be lis
. seet, day dreet the record to medi	
7.7 / 11/1	

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Filing Fee: \$25.00