

L16000025820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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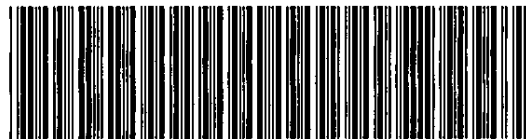
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren

MAY 18 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sports Franchising, 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:

Joseph Sciandra

\_\_\_\_\_  
Name of Person

Sports Franchising, LLC

\_\_\_\_\_  
Firm/Company

1300 Heather Ridge Rd.

\_\_\_\_\_  
Address

Dunedin, FL 34698

\_\_\_\_\_  
City/State and Zip Code

Joe@2ndtimesports.com

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

For further information concerning this matter, please call:

Joseph Sciandra

727 351-5313  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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**

Sports Franchising, 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 February 8, 2016 and assigned  
Florida document number L16000025820.

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:

1300 Heather Ridge Rd.

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

Dunedin, FL 34698

Enter new mailing address, if applicable:

1300 Heather Ridge Rd.

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

Dunedin, FL 34698

**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:

Joseph Sciandra

New Registered Office Address:

1300 Heather Ridge Rd.

*Enter Florida street address*

Dunedin

*City*

Florida 34698

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	James W. Gatz	410 Jasmine Way	<input type="checkbox"/> Add
		Clearwater, FL 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	James W. Gatz	410 Jasmine Way	<input type="checkbox"/> Add
		Clearwater, FL 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Joseph S. Sciandra	CHANGE ADDRESS ONLY	<input type="checkbox"/> Add
		11167 Tradewinds Blvd.	<input type="checkbox"/> Remove
		Largo, FL 33773	<input checked="" type="checkbox"/> Change
D	Joseph S. Sciandra	CHANGE ADDRESS ONLY	<input type="checkbox"/> Add
		11167 Tradewinds Blvd	<input type="checkbox"/> Remove
		Largo, FL 33773	<input checked="" type="checkbox"/> Change
COO	Christine Johonnesson	11167 Tradewinds Blvd.	<input checked="" type="checkbox"/> Add
		Largo, FL 33773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	Christine Johonnesson	11167 Tradewinds Blvd.	<input type="checkbox"/> Add
		Largo, FL 33773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 MAY 17 11:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

[illegible]

(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)

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.

5/13/17

Signature of a member or authorized representative of a member

Joseph S Scindrea

Typed or printed name of signee

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17 MAY 17 AM 11:57  
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TALLAHASSEE, FLORIDA