

L16000103017

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blacktop Athletics, 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:

Stephanie S Crawford

Name of Person

Blacktop Athletics, LLC

Firm/Company

PO Box 814

Address

Dunedin, FL 34698

City/State and Zip Code

bta.theblacktopdoc@gmail.com

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

For further information concerning this matter, please call:

Stephanie S Crawford

727

366-0906

at ()

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

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TALLAHASSEE, FLORIDA

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

Blacktop Athletics, 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 May 26, 2016 and assigned
Florida document number L16000103017.

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

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>
Owner	Stephanie S Crawford	2616 13th Ct	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL	<input type="checkbox"/> Remove
		34684	<input type="checkbox"/> Change
AR	Bruna Cortiula	2616 13th Ct	<input type="checkbox"/> Add
		Palm Harbor, FL	<input checked="" type="checkbox"/> Remove
		34684	<input type="checkbox"/> Change
AR	Joshua L Crawford	680 10th Ave N	<input type="checkbox"/> Add
		Safety Harbor, FL	<input checked="" type="checkbox"/> Remove
		34695	<input type="checkbox"/> Change
AR	Carrie Y. Hepburn	197 Ashley Ct	<input type="checkbox"/> Add
		Dunedin, FL	<input checked="" type="checkbox"/> Remove
		34698	<input type="checkbox"/> Change
AR	Gloria Barber	680 10th Ave N	<input type="checkbox"/> Add
		Safety Harbor, FL	<input checked="" type="checkbox"/> Remove
		34695	<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

[illegible]

June 1, 2016

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.

Dated NOVEMBER 3, 2016.

 Signature of a member

Signature of a member or authorized representative of a member

Stephanie S Crawford

Typed or printed name of signee

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TALLAHASSEE, FLORIDA