Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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Email Address:	Email Address:				•
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPORTLIFE, LLC

Certificate of Status	0
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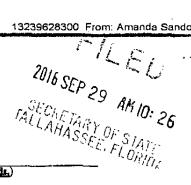
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## **COVER LETTER**

Division of Cor			
SPORTLI	FE, LLC		
OBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
	انداز بر بر بر بر بر بر بر بر بادا که از با امام بر	Name of Person	
	Legalzoom.com, Inc.		•
		Firm/Company	
	101 N. Brand Blvd., 11t	h Floor	
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	GameFaceSportLife@gn		
	·	to be used for future annual report notif	ication)
For further information o	concerning this matter, please co	all:	
Cheyenne Moseley		800 773-0888 ex	ct. 9724
Name o	f Person		Telephone Number
Enclosed is a check for t	he 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)
MAJL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPORTLIFE, 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  $\frac{08/29/2016}{1}$ and assigned Florida document number L16000161633 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4600 Touchton Road East., Building 100, Suite 150 Enter new principal offices address, if applicable: Jacksonville, FL 32246 (Principal office address MUST BE A STREET ADDRESS) 4600 Touchton Road East., Building 100, Suite 150 Enter new mailing address, if applicable: Jacksonville, FL 32246 (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

## 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

Horida

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Prakash R Patel	8031 PEBBLE CREEK LANE WEST	□ Add
		PONTE VEDRA BEACH, FL 32082	<b>E</b> Remove
AMBR	Prakash R Patel	4600 Touchton Road East., Building 100, Suite 150	<b>⊠</b> Add
		Jacksonville, FL 32246	Remove
		>0. C.C.	Remove SEP
		HE SET	P 2dd Affinove 26
		ORIT	26
			_ <b>D</b> Add
			_O Remove
	<u> </u>		_
			□ Remove
			_

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<del>- 1, g, s1-1</del>
E. Effective (The effecti the date th	e date, if other than the date of filing:	
Dated	09/29/2016	
	Signature of a member or authorized representative of a member	
	Prakash Patel  Typed or printed name of signee	

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Filing Fee: \$25.00

2016 SEP 29 AM 10: 26