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COVER LETTER

	tration Section on of Corporations
SUBJECT: _	Seeley Sports LLC Name of Limited Liability Company
The enclosed A	articles of Amendment and fee(s) are submitted for filing.
Please return a	l correspondence concerning this matter to the following:
	Brandon Seeley Name of Person
	Seeley Sports UC Firm/Company
	STOO NW 62 Manor 3
	Parkland FL 33067 His w
	Seel-eymvestment@icloud.com E-mail address: (to be used for future annual report notification) Secleymvestment@icloud.com F-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Brain	Name of Person at (954) 775-7148 Area Code Daytime Telephone Number
Enclosed is a c	neck for the following amount:
\$25.00 Fili	ng Fee Solutional copy is enclosed) Solutional copy is enclosed) Solutional copy is enclosed) Solutional 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

 \bigcirc

(Name of the Limited Liability Compa	•	n our records.)	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	,	
The Articles of Organization for this Limited Liability Company	•	1 7 2017 and ass	igned
Florida document number <u>LITODO1464</u> 02	•		
This amendment is submitted to amend the following:	÷		
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	1	2011 ALL ALL	
	<u> </u>	Ann L	77
	1	SSS C	
Enter new mailing address, if applicable:		m	П
(Mailing address MAY BE A POST OFFICE BOX)			O
		9.7 2.7 2.1 - 2	
		DA DA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ir records, enter the name	of the no
registered agent and/or the new registered office address here	<u> </u>		
Name of New Registered Agent:			
	;		<u></u>
New Registered Office Address:	Enter Florida s	street address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		•	
I hereby accept the appointment as registered agent and agre	on to not in this can	raits I further governo to some	la aniela ele
provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as p			

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
Mar Brandon Seeley 5700 NW 62nd M.	MY XAdd
Mgr Brandon Seeley 5700 NW 62nd M. Parkland Fr 330	Remove □
	Change
	Add
	Remove
	Change
	□ Remove
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Effective date, if other t (If an effective date is listed, the Note: If the date inserted document's effective date	in this block does no	ot meet the applical	o date of filing or more ble statutory filing n	(optio than 90 days after equirements, this	nal) iling.) Pursuant to date will not be	605.0207 (3) listed as the
the record specifies a (an effective tim	e, at 12:01 a	.m. on the ea	rlier of:
Dated July	28	2.200	1.			
	Signature of	a member of author	ized representative of	a member		-

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Filing Fee: \$25.00