118000204553

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SEP 22 2018

COVER LETTER

TO: Registration Se Division of Cor			
	orida Claymores Rugby Foo	tball Club LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jamie Moncur		
	N/A	Name of Person	
	335 N Hampton Ave	Firm/Company	
	Orlando, Florida 32803	Address	
	jmoncur80@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Jamie Moncur		832 642 0446	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our r imited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Cor Florida document number L18000204553			_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u> </u>	St.	
			S
		7.7. 7.7.	2
Enter new mailing address, if applicable:			TI
Mailing address MAY BE A POST OFFICE BOX)			3 5
		S	···
			5
If amending the registered agent and/or register registered agent and/or the new registered office address		cords, <u>enter th</u>	e name of the
egistered agent and/or the new registered office addres	ss nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	uldress	
		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>	Type of Action
****	Grant Thomson Seymour		
AMBR		1909 Houndslake Drive	
		Winter Park, FL	
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		32132	
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	9/17/19	1021 021	
Effective date, if other than the	late of filing:	(optional)	
	be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fil partment of State's records.		
the record specifies a delayed The 90th day after the reco	effective date, but not an effective rd is filed.	e time, at 12:01 a.m. on the earl	lier of:
Dated September 17th	2018		
_	T/		
	ignature of a member or authorized representati		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00