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Special Instructions to F	iling Officer:	

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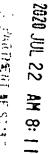


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S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sport Shows Specialists, 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:
Kristin E. Schere  Name of Person  Kavin P. Markey P. L.  Firm/Company
380 5. Courteray PKwy., Ste. A
Merritt Island, Fl 32955  City/State and Zip Code  Kevin P Kevin P Markey. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (32) 631-0758  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$\sum_{25.00}\$ Filing Fee   \$\sum_{30.00}\$ Filing Fee & \$\sum_{255.00}\$ Certificate of Status & \$\sum_{255.00}\$ Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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 Title Name. Address **Type of Action** \_\_\_\_\_ □Add \_\_\_\_\_ Remove \_\_\_\_\_\_ Change \_\_\_\_\_\_ 🗀 Add \_\_\_\_\_\_\_ Remove \_\_\_\_ Change \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_\_ \\_\_\_ \\_\_\_ \\_\_ \\_\_ \\_\_ \\_\_ \\_Add 

\_\_\_\_\_ Change

). If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the date in	other than the date of filing:
the record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 7 ~	15-20
	Signature of member of authorized representative of a member  W. L. A. T. P.A. C. L.  Typed or printed name of signee
	W, L, M T PACE  Typed or printed name of signee

Filing Fee: .\$25.00