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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CORAL SPRINGS BASKETBALL CLUB, 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:				
KENNETH A. KLEIN				
Name of Person				
Firm/Company				
2868 NW 24 PENLACE				
Address				
BOCA RATON FL 33431 City/State and Zip Code				
WRANGEL @ AOL. COW E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Davtime Telephone Number				
Name of Foliation				
Enclosed is a check for the following amount:				
\$55.00 Filing Fee & S55.00 Filing Fee & Certificate of Status 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORAL SPRINGS BASKETBALL CLUB LLC

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparison document number <u>L2100013217</u> 7	ny were filed on <u>MA</u>	19, 104 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
		202
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the design	ation "LLC" or the abbreviation "L.L.G:"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		999
Enter new mailing address, if applicable:		10
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	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 Naw 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 Type of Action **Title** Name **Address** 1868 MW 24 Perrace Xada MGR KENNETH A. KLEIN Boca Ration FC 3343 (Remove _____ Change 1868 NW 24 Per DAdd LDRRI KIEIN BOCA RAHON, FL 43436 Remove □ Change □**Ch**ange -□Remove □Change DAdd Change □Add □Remove

____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3xb) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee