23000 SH6 521

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300427392083

94.10724--01012--026 **25.00

10:20 10 10:27

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Athletic Real Estate	2 Network LC
(Name of the Limited Liability Compar (A Florida Limited L	ny a <u>s it now appears on our records.</u>) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 93-4832449. This amendment is submitted to amend the following:	· •
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	495 Pyrus Street Stint Augustine Florida 32080
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	495 Pyrus Street Sint Augustine, Florida, 32090
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	~;}
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	₩ <u>.</u> :
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Russ Fitzpatrick	23 Cinnamon Hill Dr.	🗆 Add
		23 Cinnamon Hill Dr. Franklin, NC, 29734	X Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Remove	RUSS	Fitzpatrick	from	110
	(<<)	i i chan i ok	110.01	
			<u>-</u>	
	····			
				
				<u>"</u>
				<u> </u>
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	<u></u>	
	·		-	
	· · · · · · · · · · · · · · · · · · ·			
tive date, if other that		cannot be prior to date of filing or more	(optional)	
: If the date inserted in t	his block does not me	eet the applicable statutory filing r	equirements, this date	will not be listed
ment's effective date on	the Department of St	ate's records.		
ord specifies a delayed ef	fective date, but not a	in effective time, at 12:01 a.m. on	the earlier of: (b) T	ne 90th day after t
filed.				
14/1/10	. U			
14/6/200	<u>U</u> ,	 ·		
1 1				
	LX_			
	Kingson of a	ambar or authorium		
,	Signature of a m	ember or authorized representative of	a member	

Filing Fee: \$25.00