# M05000007128

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (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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Office Use Only



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#### **COVER LETTER**

| TO: Registration Section Division of Corporations         |   |
|---|---|
| SUBJECT: Jacobsen Manage                                  |   |
| (Name of Fore   | ign Limited Liability Company)                |
|   |   |
| Dear Sir or Madam:  |   |
| The enclosed application, certificate and fe              | e(s) are submitted for filing.                |
| Please return all correspondence concernin                | g this matter to the following:               |
| Khanni Caoile   |   |
| (Name of Person)  | * * *   |
| •   |   |
| Bullivant Houser Bailey PC                                |   |
| (Firm/Company)  |   |
| 888 SW Fifth Avenue, Suite                                | e 300   |
| (Address)   |   |
| Portland, OR 97204  |   |
| . (City/State and Zip (                                   | Code)   |
| For further information concerning this ma                | tter, please call:                            |
| Khanni Caoile   | at (503 ) 499-4698                            |
| (Name of Person)  | (Area Code & Daytime Telephone Number)        |
| STREET/COURIER ADDRESS:                                   |   |
| Registration Section Division of Corporations             | Registration Section Division of Corporations |
| Clifton Building  | P.O. Box 6327                                 |
| 2661 Executive Center Circle Tallahassee, Florida 32301   | Tallahassee, Florida 32314                    |
| Enclosed is a check for the following amo                 | ount:   |
| ▼ \$25 Filing Fee  \$30 Filing Fee & Certificate of State |   |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### **SECTION I (1-3 must be completed)**

| 1.  | Name of limited liability company as it appears on the records of the Florida Department of State: Jacobsen Management Group, LLC   | <del>.</del> |          |
|-----|---|--------------|----------|
| 2.  | Jurisdiction of its organization: Oregon  | -            |          |
| 3.  | Date authorized to do business in Florida: 12/29/2005   |              | ,        |
|     | SECTION II (4-7 complete only the applicable changes)   |              |          |
| 4.  | If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? August 31, 2007  |              |          |
| 5.  | New name of the limited liability company: Peter Jacobsen Sports, LLC (must end with "Limited Liability Company, " "L.L.C.," or "LLC.")   |              |          |
| Flo | f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")  | 07           | THE SHIP |
| 6.  | If the amendment changes the period of duration, indicate new period of duration:   | 07 OCT - J   |          |
| 7.  | If the amendment changes the jurisdiction of organization, indicate new jurisdiction:   | PM 2: 40     | CLYSLAGO |
| 8.  | If the amendment corrects any false statement, indicate the statement being corrected and the correction:   | ne           | :*T      |
| _   | 19  |              |          |
| 9.  | Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisd under the law of which this entity is organized.  Signature of a member or the authorized representative of a member  Peter Jacobsen, Member and Manager  Typed or printed name of signee | liction      |          |
|     | Abort or brunen transc or signer  |              |          |

Filing Fee: \$25.00

#### **CERTIFICATE**

### State of Oregon

### OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### JACOBSEN MANAGEMENT GROUP, LLC

was filed under the Oregon
Limited Liability Company Act
on September 16, 2005
Articles of Amendment
were filed on August 28, 2007
with a stated effective date of
August 31, 2007
changing its name to

#### PETER JACOBSEN SPORTS, LLC

I further certify that
PETER JACOBSEN SPORTS, LLC

is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

Marilyn R. Smith

August 28, 2007