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COVER LETTER

Division of Corp		•	
SUBJECT: NB FIG	orida Lacrosse	LLC	
- .	Name of Foreign	Limited Liability Co	mpany
Dear Sir or Madam:			
The enclosed application	n, certificate and fee(s) a	re submitted for filing	g.
Please return all corresp	ondence concerning this	matter to the followi	ng:
Amy Saulen			
	Name of Person		
Major League	Lacrosse		
	Firm/Company		
20 Guest St.,	Ste. 125		
	Address		
Boston, MA 0	2135		
,	City/State and Zip Code	,, <u> </u>	
amy.saulen@)majorleaguel	acrosse.com	1
-	e used for future annual		_
For further information	concerning this matter, p	olease call:	
Amy Saulen	· · · · · · · · · · · · · · · · · · ·		7-6631
Name o	f Person	Area Code & Day	rtime Telephone Number
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations 3 Center Circle	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations. Box 6327 ahassee, Florida 32314
	the following amount: 3 \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	2 □ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of State: NB Florida Lacrosse, LLC
urisdiction of its organization: Massachusetts
Date authorized to do business in Florida: 11/14/2013
CTION II (4-7 complete only the applicable changes)
New name of the limited liability company:
name unavailable, enter alternate name adopted for the purpose of transacting business in rida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." LLC."
f the amendment changes the jurisdiction of organization, indicate new jurisdiction:
f the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate hat change:
id Gross and Kevin Doyle should be added as managers. Alan Rosen should be removed as a manager.
Attached is an original certificate, if required: no more than 90 days old, evidencing the afforementioned amendment(s), duly authenticated by the official having custody of records in the surrisdiction under the law of which this entity is organized. Signature of the authorized representative
David Gross Typed or printed name of signee
ryped or primed name of signee

Filing Fee: \$25.00

FIRST AMENDMENT TO LIMITED LIABILITY COMPANY AGREEMENT OF NB FLORIDA LACROSSE, LLC

This Amendment is executed as of January 1, 2014 for the purpose of amending the Limited Liability Company Agreement dated November 12, 2013 ("Agreement").

- 1. Section 5 of the Agreement is deleted and replaced with the following:
- "5. <u>Management</u>. The Company shall be managed by David Gross and Kevin Doyle, each of who acting independently has the authority to exercise all of the powers and privileges granted by the Act or any other law."
- 2. Section 11 of the Agreement is deleted and replaced with the following:
- "11. Governing Law. This Agreement shall be governed by and construed in accordance with the domestic laws of the Commonwealth of Massachusetts. In the event of any conflict between any provision of this Agreement and any non-mandatory provision of the Act, the provision of this Agreement shall control."
- 3. The schedule attached to the Agreement is deleted and replaced by the schedule attached hereto.
- 4. In all other respects, the Agreement I ratified and confirmed.

IN WITNESS WHEREOF, the Member has caused this First Amendment to be duly executed as of the day and year first above written.

NEW BALANCE HOLDING, INC.

John K. Withce Vice President

NB FLORIDA LACROSSE, LLC

Name and Address of Member	Contribution	Percent Interest
New Balance Holding, Inc. 20 Guest Street	\$,1000	100%
Boston, MA 02135		

Name and Address of Managers		
David Gross		
20 Guest Street Boston, MA 02135		
Kevin Doyle		
20 Guest Street		
Boston, MA 02135		

MA SOC Filing Number: 201484973240 Date: 5/21/2014 2:24:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

May 21, 2014 02:24 PM

WILLIAM FRANCIS GALVIN

Theria Train Dalies

Secretary of the Commonwealth

MA SOC Filing Number: 201484973240 Date: 5/21/2014 2:24:00 PM



The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Special Filing Instructions

Certificate of Amendment

(General Laws, Chapter)

Federal Employer Identification Number: 001120659 (must be 9 digits)

The date of filing of the original certificate of organization: 11/12/2013

1.a. Exact name of the limited liability company: NB FLORIDA LACROSSE, LLC

1.b. The exact name of the limited liability company as amended, is: NB FLORIDA LACROSSE, LLC

2a. Location of its principal office:

No. and Street:

20 GUEST ST.

City or Town:

BOSTON

State: MA

Zip: 02135

Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name:

PAUL R. GAURON

No. and Street:

20 GUEST ST. BOSTON

City or Town:

State: MA

Zip: 02135

Country: USA

6. The name and business address of each manager, if any:

Title	individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	DAVID GROSS	20 GUEST ST. BOSTON, MA 02135 USA
MANAGER	KEVIN DOYLE	20 GUEST ST. BOSTON, MA 02135 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	DAVID GROSS	20 GUEST ST. BOSTON, MA 02135 USA
SOC SIGNATORY	KEVIN DOYLE	20 GUEST ST. BOSTON, MA 02135 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	DAVID GROSS	20 GUEST ST. BOSTON, MA 02135 USA
REAL PROPERTY	KEVIN DOYLE	20 GUEST ST. BOSTON, MA 02135 USA

9. Additional matters:

10. State the amendments to the certificate:

PLEASE REMOVE ALAN ROSEN AS MANAGER, SOC SIGNATORY, AND REAL PROPERTY AND REPLACE HIM WITH DAVID GROSS AND KEVIN DOYLE AS MANAGER, SOC SIGNATORY AN D REAL PROPERTY. BOTH DAVID AND KEVIN HAVE THE SAME ADDRESS OF 20 GUEST ST. B OSTON, MA 02135.

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

SIGNED UNDER THE PENALTIES OF PERJURY, this 21 Day of May, 2014, <u>DAVID GROSS</u>, Signature of Authorized Signatory.

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